



**CITY COUNCIL EXECUTIVE COMMITTEE MEETING  
CITY COUNCIL CHAMBERS, THIRD FLOOR, CITY HALL,  
#1 CITY HALL PLACE, PUEBLO, COLORADO 81003.**

**TUESDAY, SEPTEMBER 8, 2026  
5:30 PM**

***Individuals Requiring Special Accommodations Should Notify the City's ADA Coordinator at (719) 553-2295 by Noon on the Friday Preceding the Meeting.***

***Executive Committee meetings are special meetings of the City Council and are informal Council meetings for the purpose of receiving information and discussion among Council Members; no official action is taken at such meetings. The public is invited to attend, but public comment is generally not received unless otherwise noted.***

**Agenda**

**CALL TO ORDER**

**PRESENTATIONS**

- |                                                                                   |         |
|-----------------------------------------------------------------------------------|---------|
| <b>A. CITY UPDATES</b>                                                            | 5:30 PM |
| Heather Graham, Mayor                                                             |         |
| 5 minute presentation                                                             |         |
| <b>B. COUNCIL COMMENTARY</b>                                                      | 5:35 PM |
| City Council                                                                      |         |
| 10 minute presentation                                                            |         |
| <b>C. DA VINCI MUSEUM FUNDING REQUEST</b>                                         | 5:45 PM |
| Heather Graham, Mayor                                                             |         |
| Joseph Arrigo - Director & President                                              |         |
| Wm. David Lytle - Attorney                                                        |         |
| 45 minute presentation                                                            |         |
| <b>D. RISE (REVITALIZE, INFILL, STABILIZE, ENHANCE) BLIGHT REMOVAL INITIATIVE</b> | 6:45 PM |
| Melissa Cook, Director Department of Housing & Citizen Services                   |         |
| Sarah Habib - Housing Redevelopment Program Manager - City of Pueblo              |         |
| 30 minute presentation                                                            |         |
| <b>E. BATTLE GRANT</b>                                                            | 7:25 PM |
| Chris Noeller, Chief of Police                                                    |         |
| 30 minute presentation                                                            |         |
| <b>F. CITY COUNCIL BOARD &amp; COMMISSION UPDATE</b>                              | 8:05 PM |

**EXECUTIVE SESSION**

- A. AN EXECUTIVE SESSION FOR THE PURPOSE OF DETERMINING POSITIONS RELATIVE TO MATTERS THAT MAY BE SUBJECT TO NEGOTIATIONS, DEVELOPING STRATEGY FOR NEGOTIATIONS, AND/OR INSTRUCTING NEGOTIATORS, UNDER C.R.S. SECTION 24 6 402(4)(E)(I), DISCUSSING THE PURCHASE, ACQUISITION, LEASE, TRANSFER, OR SALE OF ANY REAL, PERSONAL, OR OTHER PROPERTY INTEREST, UNDER C.R.S. SECTION 24-6-402(4)(A), AND THE FOLLOWING ADDITIONAL DETAILS ARE PROVIDED FOR IDENTIFICATION PURPOSES: DISCUSSION OF STRATEGIES FOR THE ACQUISITION OF BLIGHTED PROPERTIES UNDER HOUSING SECTION 108 PROJECT, AND THE TOYS FOR TOTS LEASE AGREEMENT;** 8:20 PM

**AND**

**FOR THE PURPOSE OF DETERMINING POSITIONS RELATIVE TO MATTERS THAT MAY BE SUBJECT TO NEGOTIATIONS, DEVELOPING STRATEGY FOR NEGOTIATIONS, AND/OR INSTRUCTING NEGOTIATORS, UNDER C.R.S. SECTION 24 6 402(4)(E)(I), AND MORE FULLY DESCRIBED AS FOLLOWS: TO DISCUSS THE HUMANE SOCIETY OF THE PIKES PEAK REGION CONTRACT, AND THE PUEBLO ZOOLOGICAL SOCIETY CONTRACT.**

Carla Sikes, City Attorney  
60 minute presentation

**ADJOURNMENT**



**Information for Pueblo City Council Work Session September 8, 2026**

Re: Leonardo da Vinci Museum ½ Cent Sales Tax Fund Application

1. **Project Costs.** Estimates for requested project costs are provided for review.
2. **Ownership of the Building.** The entire building, including the space occupied by the Leonardo da Vinci Museum of North America (DaVinci Museum) is owned by the Pueblo Urban Renewal Authority (PURA). DaVinci Museum has a lease with PURA and pays a lease fee to PURA. While the Professional Bull Riders made a nominal lease fee, the fee paid by DaVinci Museum reflects market conditions for space that was going to require the removal of the Bull Riders' equipment and a complete renovation and remodeling, to include flooring, rest rooms, construction of interior walls and spaces.

The patio area on the Riverwalk is owned by the City of Pueblo. DaVinci Museum has a lease with the City of Pueblo and pays the City of Pueblo a lease fee based on the same per square foot amount as paid to PURA for the building.

3. **Renovation and Remodeling.** Attached is a review of remodeling and renovations that have been completed and the associated costs that have gone into the improvements to the building. All of the improvements to the building are the property of PURA but have been paid for with philanthropic donations by founders, sponsors, and donors which include significant in-kind contributions.
4. **Revenue from Ticket Sales and Gift Shop.** Attached is a review of total ticket sales revenue, the number of visitors and a breakdown of where the visitors have come from since opening its doors on June 12, 2026 to August 31, 2026. In the 80 short days the DaVinci Museum opened it has seen over 13,000 visitors from 45 states, 16 international countries, and 114 cities within Colorado.
5. **Museum Projected Budget.** Budget for 2026, reviewed by the CPA firm for the DaVinci Museum will be provided at the Work Session.
6. **Staffing.** Attached is staffing position report.
7. **Tax Filing.** Attached is the Form 990 filed with the IRS for DaVinci Museum's 2024 tax year. The 2025 Form 990 is currently being prepared by the CPA and will not be available until after November 15<sup>th</sup>, 2026.



8. **Attorney Opinions.** Attorney opinions from 2013 and 2014 all indicated that the use of the ½ cent sales tax fund for projects approved as part of the RTA resolution and agreement with the City of Pueblo and PURA, dated May, 2012 is a permitted use of the ½ cent sales tax fund. The Leonardo da Vinci Museum of North America is an RTA project as it was approved by the Colorado Commission on Economic Development in February 2025 as the replacement for the Professional Bull Riders University which was also designated RTA project. The ½ cent sales tax fund has subsequently been approved by City Council for a Fourteen Million, Four Hundred Thousand Dollars (\$14,400,000) loan to PURA to be able to complete the Convention Center, a project approved as part of the RTA resolution and agreement with the City of Pueblo and PURA (including the space now occupied by the DaVinci Museum). More recently City Council approved funding up to Three Million Dollars (\$3,000,000) from the ½ cent sales tax fund for the completion of the HARP Boathouse. The HARP Boathouse has also been designated as an eligible project as part of the 2012 Resolution of the Colorado Economic Development Commission.
9. **Letters of Support.** Attached are letters of support for the Leonardo da Vinci Museum of North America.



### **½ Cent Sales Tax Funding Request Breakdown**

The items listed below are based on best estimates, and current information from suppliers and contractors. Because the timeframe involved, there are external factors which affect the final amounts, such as: inflation, tariffs, shipping costs (continue significant rise), supply chain disruption (causing price increases), discovery of subsurface or other existing building conditions which are not currently known and could not be determined until actual work begins. Regardless of how external forces may impact the actual costs, Pueblo STEAM Works dba Leonardo da Vinci Museum of North America is committed that the funds will all be applied to items that fall within the description in paragraph 4.01 of the Economic Development Agreement as it is currently drafted.

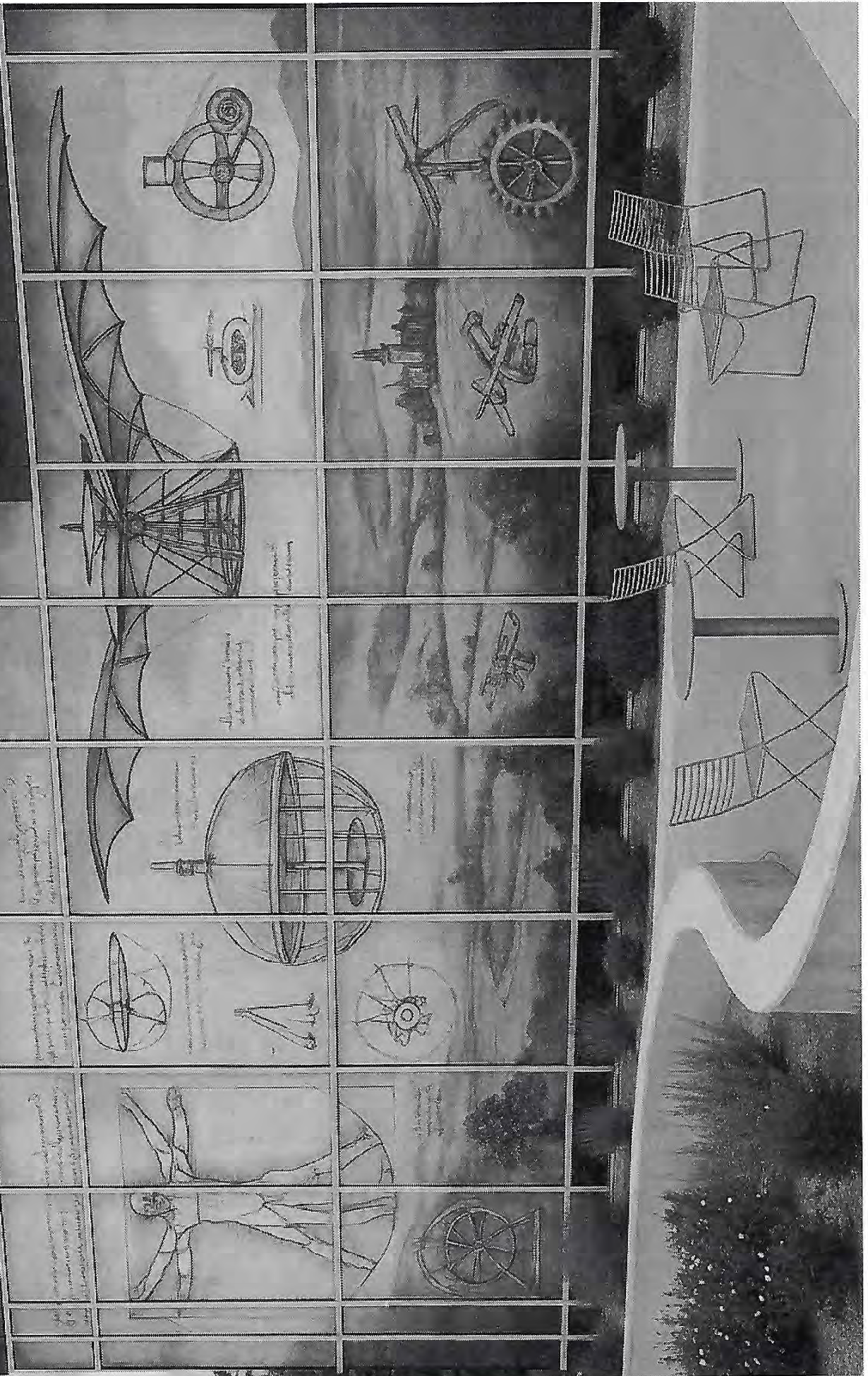
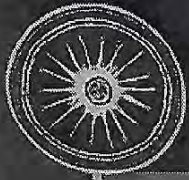
All improvements to be completed within the 18 months as set out in the agreement.

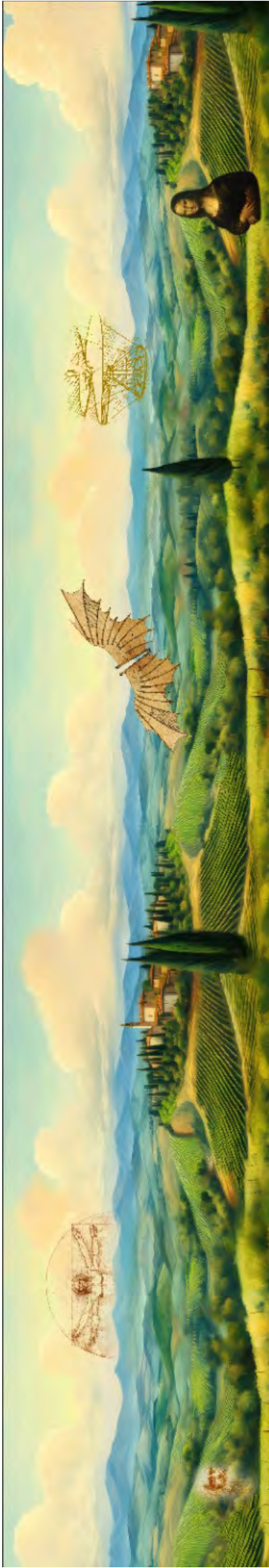
- |                                                                                        |           |
|----------------------------------------------------------------------------------------|-----------|
| • Building Signage (like Boathouse)                                                    | \$125,000 |
| • Indoor/outdoor Café / Giftshop (incl furniture/fixtures)                             | \$250,000 |
| • Remodel “Locker Room” for STEAM programing                                           | \$175,000 |
| • Biology, Chemistry & Physics Laboratory & Technology                                 | \$200,000 |
| • Permanent Exhibit (daVinci AI)                                                       | \$ 50,000 |
| • Other costs: Security & IT Systems, Sound Systems,<br>Furniture (ADA considerations) | \$ 85,000 |

---

|                   |                  |
|-------------------|------------------|
| <b>TOTAL ASK:</b> | <b>\$885,000</b> |
|-------------------|------------------|

# Leonardo da Vinci Museum of North America

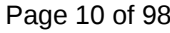


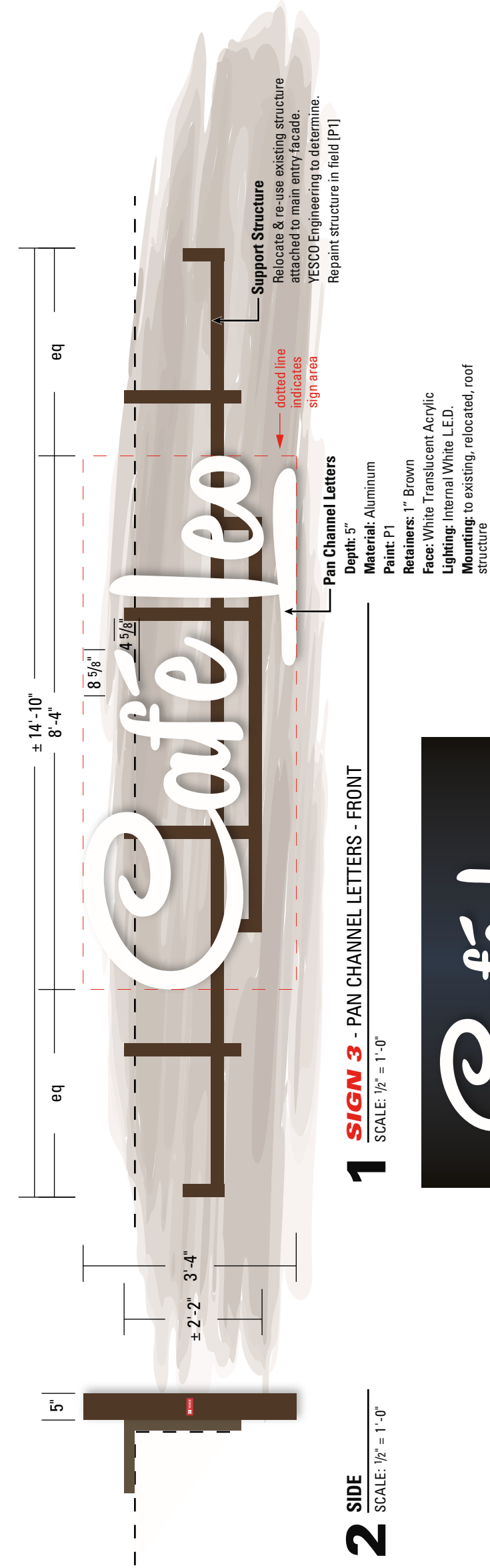


# ALL BEAMS 30"









## 2 SIDE

SCALE: 1/2" = 1'-0"

## 1 SIGN 3 - PAN CHANNEL LETTERS - FRONT

SCALE: 1/2" = 1'-0"



## 3 SIMULATED NIGHT RENDERING

SCALE: NTS

### SCOPE OF WORK

MANUFACTURE & INSTALL **ONE** [1]  
INTERNALLY ILLUMINATED ROOF MOUNTED  
SIGN. RELOCATE & REUSE EXISTING SUPPORT  
STRUCTURE.

### ELECTRICAL

ELECTRICAL. NOT INCLUDED

### PERMITTING INFO

**AREA:** 27.7FT<sup>2</sup> (Rounded to the nearest 0.1 ft<sup>2</sup>)  
METHOD: BOUNDING BOX

### COLOR KEY

**P1** SW 6069 (French Roast) - **To be approved**  
Sherwin Williams Paint w/ Satin Finish

Note: Colors specified in this package are to match vendor supplied physical samples. Colors chosen based upon how they appear on a computer monitor or printed media are not guaranteed to match. Please consult your YESCO account executive for physical sample swatches.

### MISSING REQUIRED INFO

**THE FOLLOWING INFORMATION IS MISSING AND WILL CAUSE DELAYS IN PRODUCTION UNTIL PROVIDED TO YESCO:**  
**MOUNTS TO ROOF: SURVEY REQUIRE PRIOR TO MFG.**



# YESCO®

Denver Region

11220 E. 53rd Avenue, Suite 300  
Denver, CO 80239  
303-375-9833

Colorado Springs  
5011 List Drive  
Colorado Springs, CO 80919  
719-385-0103

This drawing was created to assist you in visualizing our proposal. The original files herein are the property of YESCO. Permission to reproduce this drawing is granted only when used in accordance with the agreement with YESCO.

© 2019 YESCO LLC  
All rights reserved

[WWW.YESCO.COM](http://WWW.YESCO.COM)

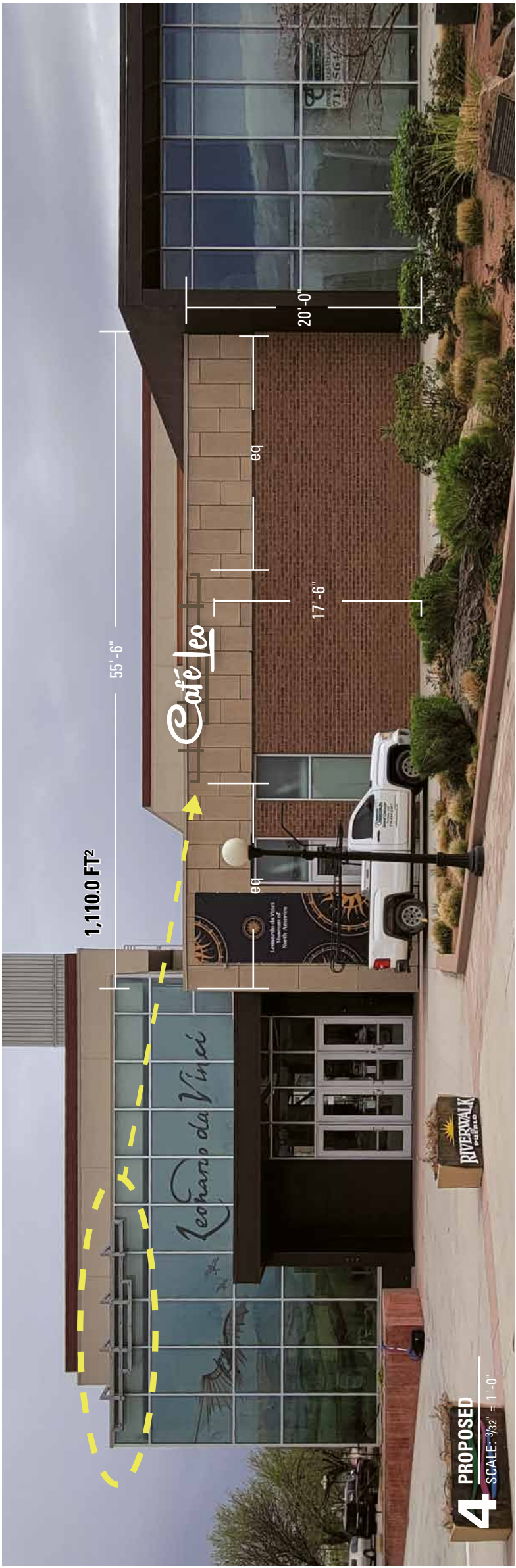
|                           |                         |
|---------------------------|-------------------------|
| CLIENT:                   | da Vinci Museum         |
| ADDRESS:                  | 310 Central Main St     |
| QTY / STATE / ZIP:        | Pueblo CO 81003-4258    |
| ACCOUNT EXECUTIVE:        | Brian J Shumard-Crippin |
| DESIGNER:                 | L Cohen                 |
| ORIGINAL DATE:            | 04.10.2026              |
| CUSTOMER APPROVAL         |                         |
| Client Signature / Date   |                         |
| Landlord Signature / Date |                         |

|                                                                                                                                                                                                                                |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| ELECTRICAL NOTE                                                                                                                                                                                                                |           |
| NOTE: UNLESS OTHERWISE NOTED, ELECTRICAL PANELS, PANELS, ELECTRICAL CONNECTIONS, WIRING, AND ELECTRICAL MATERIALS, INCLUDING DISPLAYS, ARE NOT INCLUDED. DISPLAYS WILL BE WIRED FOR 120 VOLT POWER UNLESS OTHERWISE INDICATED. |           |
| P-VOLTAGES NOT TO BE PLACED IN THIS VOLTAGE HERE                                                                                                                                                                               |           |
| VOLTS                                                                                                                                                                                                                          | AMPS      |
| - - - - -                                                                                                                                                                                                                      | - - - - - |

|                                                                                                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| YESCO IS A UL LISTED SIGN MANUFACTURER                                                                                                                                                                                  |  |
| THIS SIGN IS INTENDED TO BE INSTALLED IN ACCORDANCE WITH THE REQUIREMENTS OF ARTICLE 600 OF THE NATIONAL ELECTRICAL CODE AND / OR OTHER APPLICABLE LOCAL CODES. THIS INCLUDES PROPER GROUNDING AND BONDING OF THE SIGN. |  |

| REVISION NOTES |          |          |
|----------------|----------|----------|
| DATE           | REVISION | DESIGNER |
| 2026.04.13     |          | LC       |
| Δ              |          |          |
| Δ              |          |          |
| Δ              |          |          |
| Δ              |          |          |
| Δ              |          |          |
| Δ              |          |          |
| Δ              |          |          |
| Δ              |          |          |
| Δ              |          |          |
| Δ              |          |          |
| Δ              |          |          |
| Δ              |          |          |
| Δ              |          |          |
| Δ              |          |          |
| Δ              |          |          |
| Δ              |          |          |
| Δ              |          |          |
| Δ              |          |          |
| Δ              |          |          |

|                |              |
|----------------|--------------|
| DESIGN NUMBER: | ART 78440 R1 |
| PAGE           | 3            |



## 4 PROPOSED

SCALE: 3/32" = 1'-0"



# MODULAR SOLID COMPLEXITY

Interaction platform for DVNC.AI at  
the Leonardo da Vinci Museum of  
North America

May 2026

Concept  
Giulio Ceppi

Design Team  
Giulio Ceppi and Paola Novelli

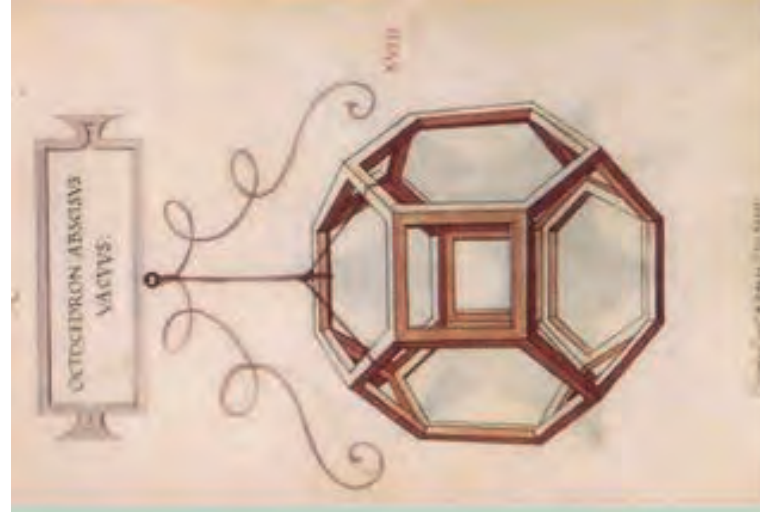
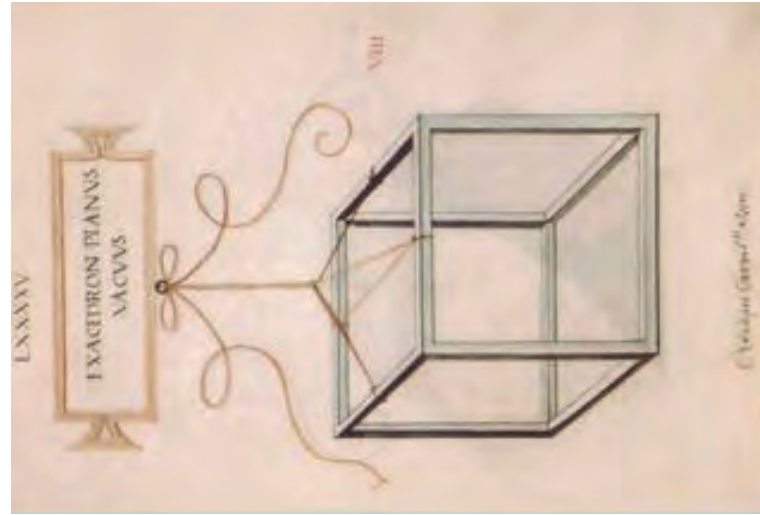
Partner  
Waquas Amed

Client  
DVNC.AI

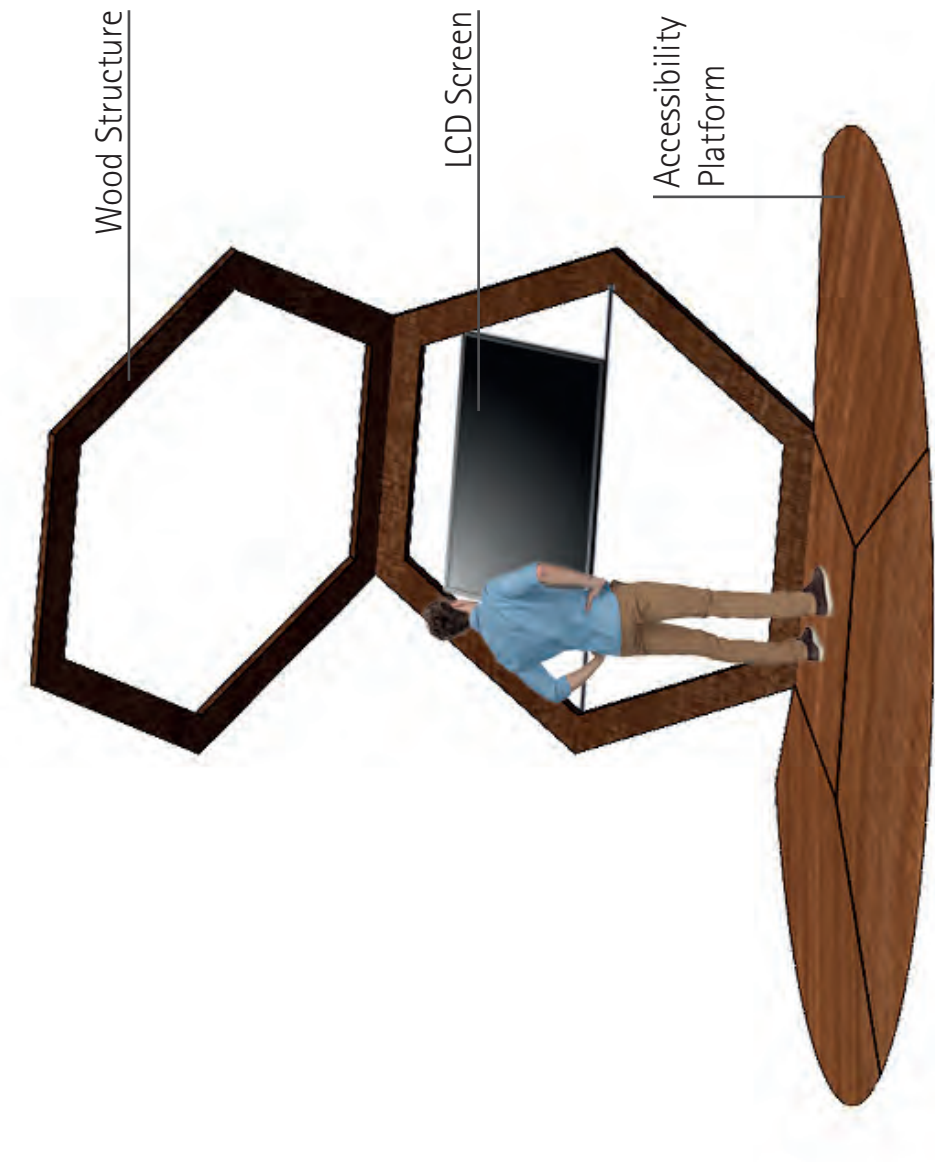
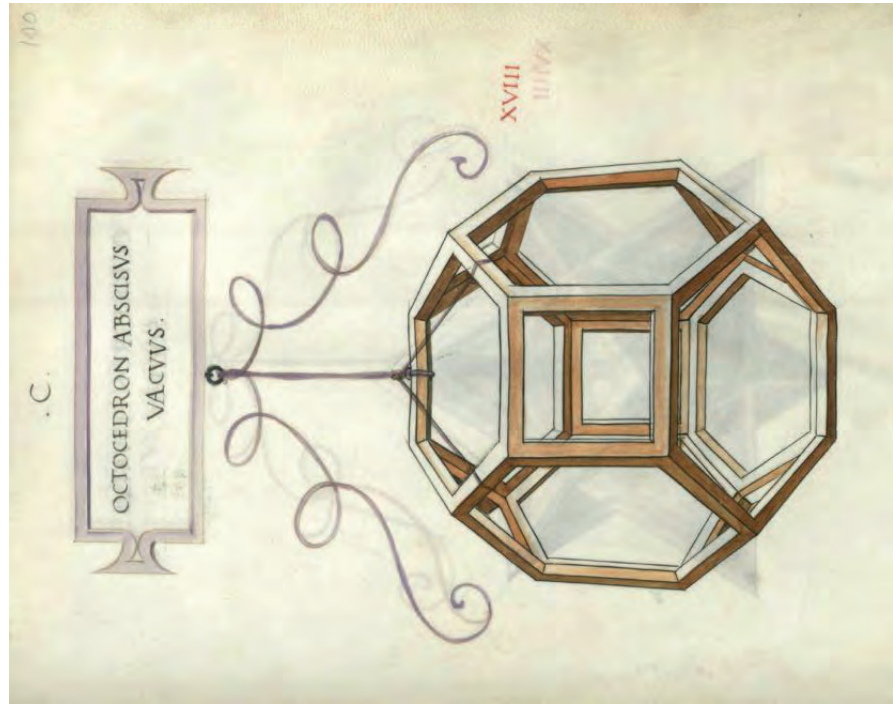
Milano  
Buenos Aires

Total Tool

This project proposal for LDVC AI starts from the studies of fra' Luca Pacioli, one among Leonardo's masters and friends, and famous mathematician who develop advanced studies on complex geometries in his famous book "De divina proportion" edited in 1497.

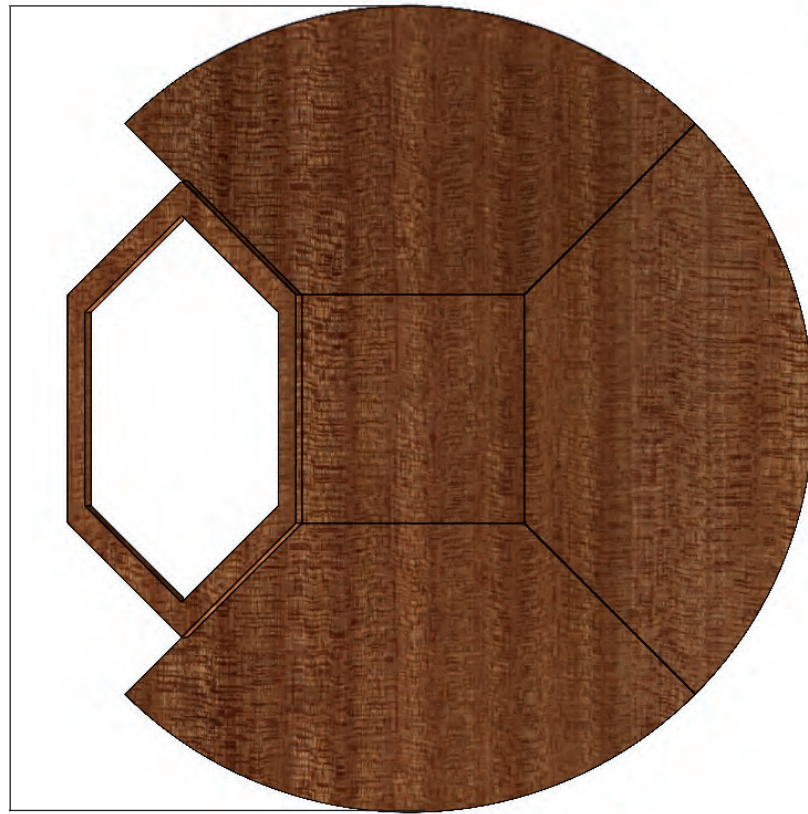


Starting from his Octocedron abscisus vacuum we can imagine a simple platform with just one single or double hexagon, to be completed in time and according to needs in its geometry, and covering some areas because of technical reasons (interactive display, communication data sets, privacy and comfort requirements).



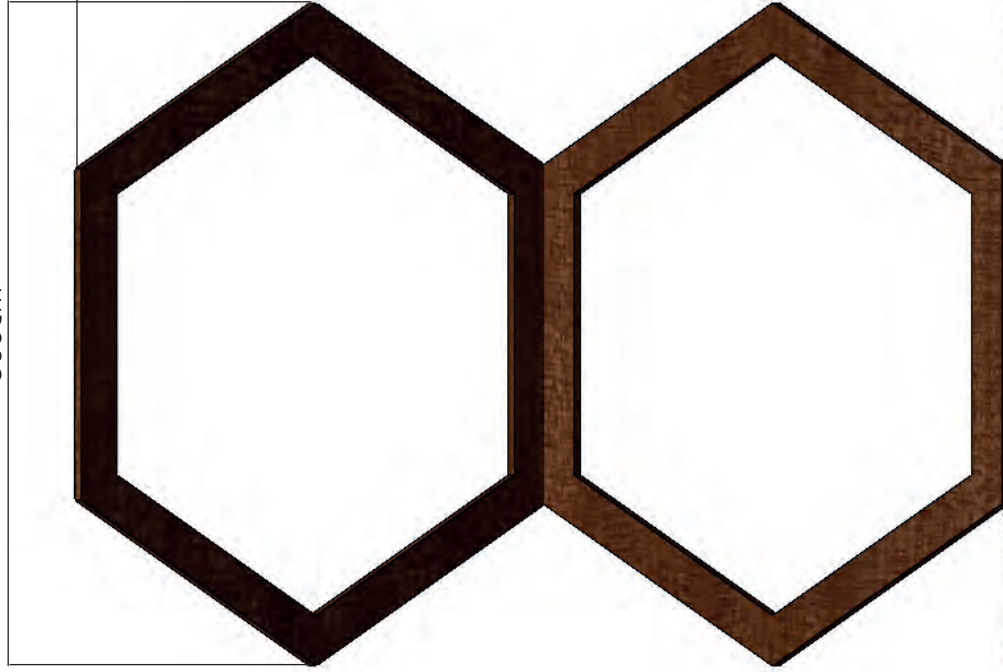
The basement is accessible from all sides and built in laminated wood, using an organic and sustainable material, as Leonardo himself would suggest, combining natural material with technological ones (LCD screens).

530cm



Top View

300cm



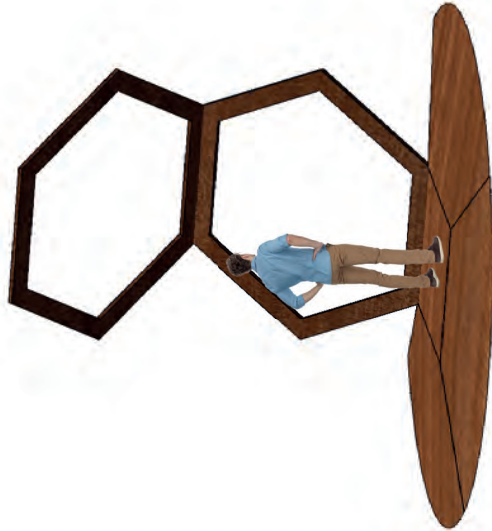
Front View

415cm

15cm



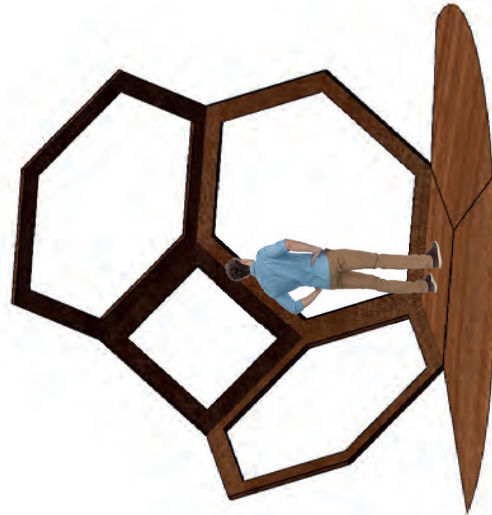
Step 1



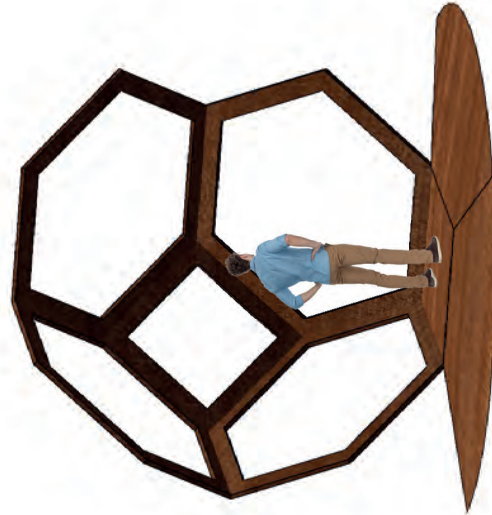
Step 2



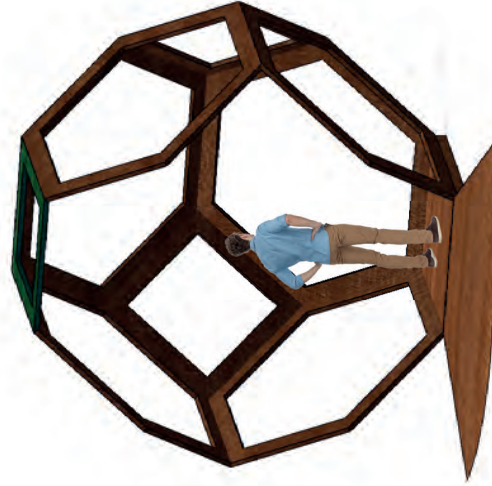
Step 3



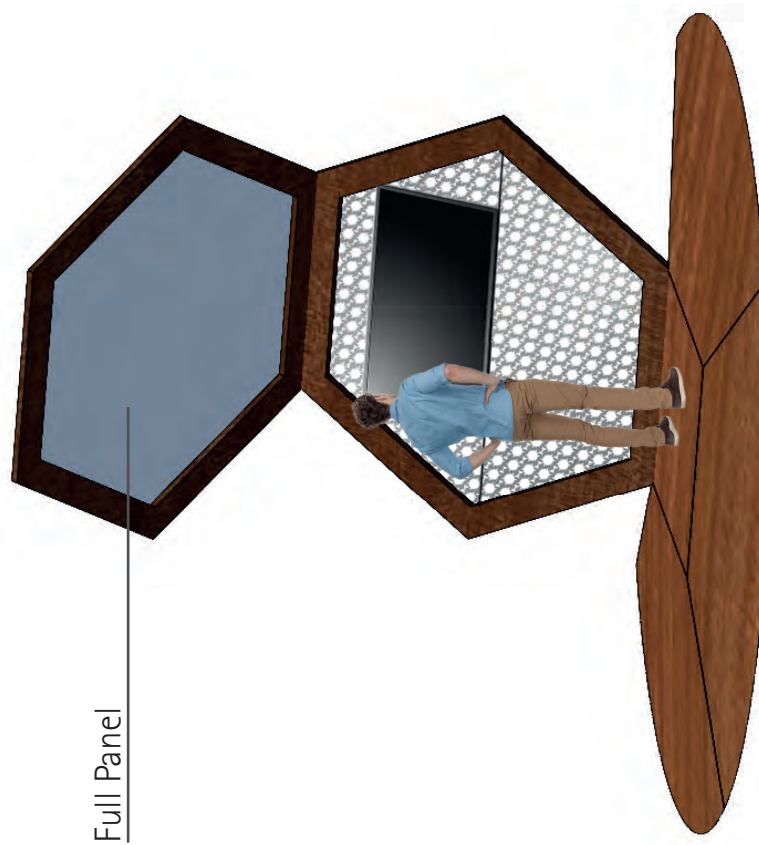
Step 4



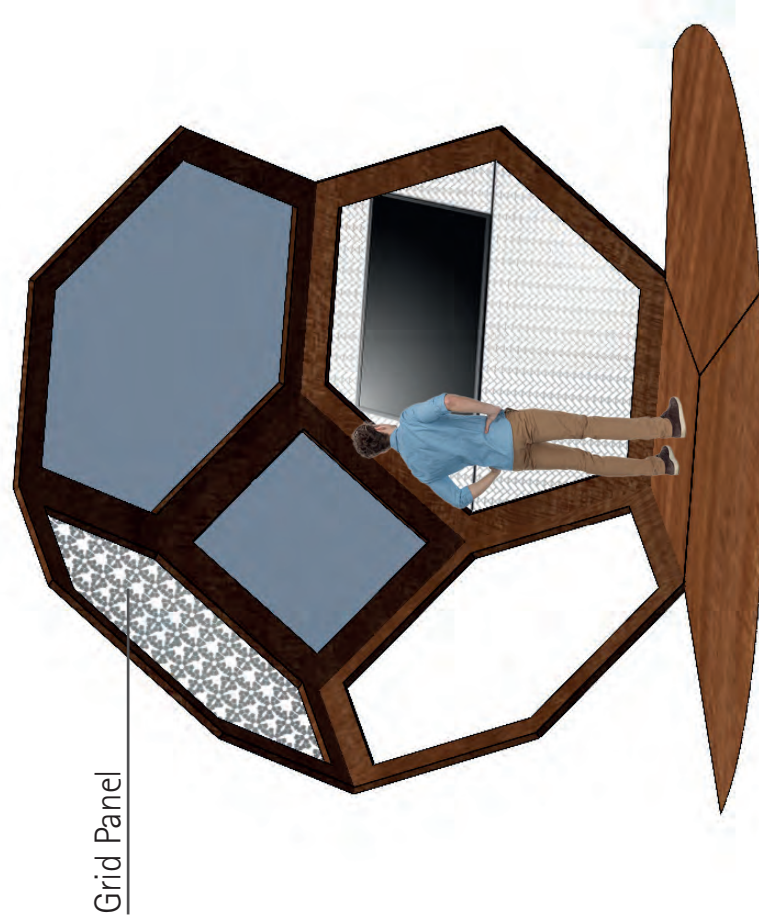
Step 5



Step 6



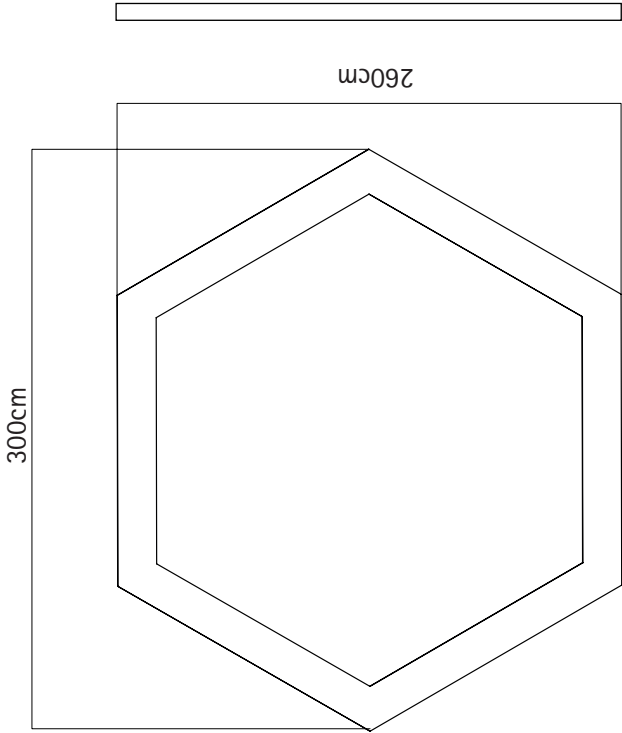
Step 2



Step 5

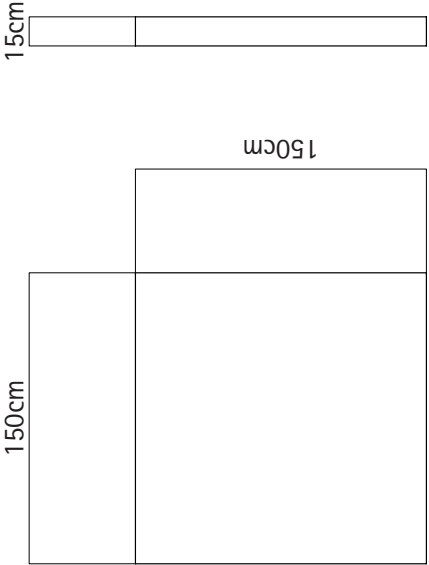
2 x Hexagonal Frame

Dimensions  
300x300cm  
(Thickness to be determined  
based on the material and  
structure)



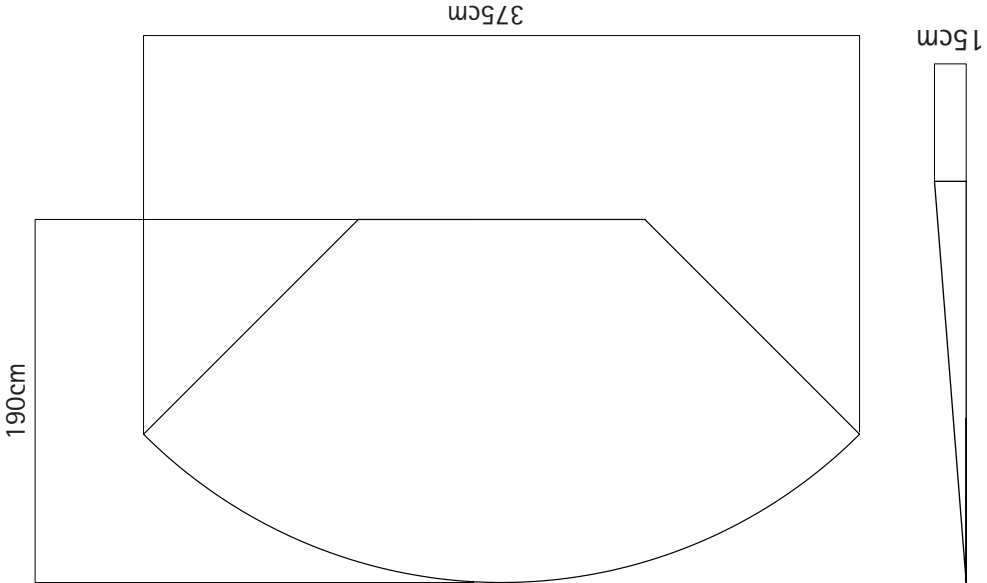
1 x Square Base

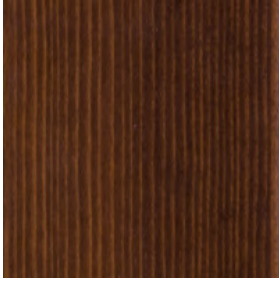
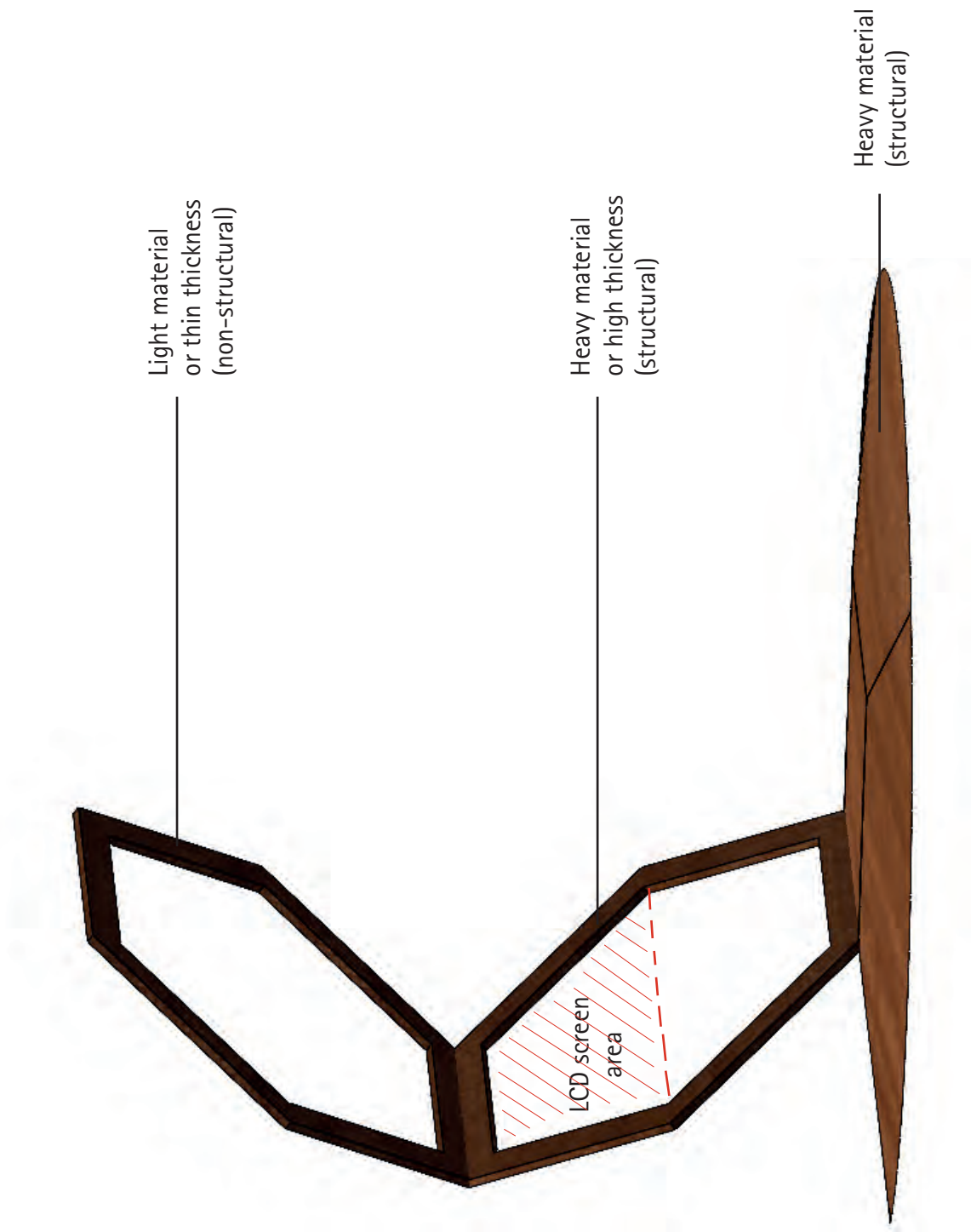
Dimensions  
150x150x15cm



3 x Accessibility Platform

Dimensions  
190x375x15cm





Laminated Wood Structure



Corten base



**Leonardo da Vinci Museum of North**  
**Statement of Financial Position**  
**As of Jul 31, 2026**

|                                  | <b>Total</b>          |
|----------------------------------|-----------------------|
| Fixed Assets                     |                       |
| Construction / Renovation        | 816,830.07            |
| Furniture & Fixtures             | 31,122.41             |
| Technology & Equipment           | 9,053.76              |
| Art Affixed / Mural              | 135,867.02            |
| Art Installation (Vitruvian Man) | 117,555.00            |
| Exhibit Owned                    | 208,492.32            |
| Library / Codices                | 147,896.24            |
| <b>Total for Fixed Assets</b>    | <b>\$1,466,816.82</b> |

**Founders (\$200k+)**

Jarvis and Mary Jo Ryals  
Sharon Stealey  
Jackson Family (*Pledged*)  
Dan and Kerry DeRose  
Joe Arrigo and KC Savage (*In Kind*)  
Rawlings Foundation  
Joe and Holly Corsentino (*In Kind*)

**Sponsors**

Tom and Nanci Welte  
Mark & Reiko Clark

**Donors**

**\$100,000**

Stanley Gardner  
John and Christie Olsen  
Jay and Mary Tonne  
Sam Krage Family (*Pledged*)

**\$50,000**

Sam Brown Family (*Pledged*)  
Padula Family  
Neta DeRose Family  
Jenny and Albert Gersik Foundation

**\$25,000**

Roumph Family  
Bill and Barb Vidmar  
Russ Gray and Suzi Dunlap  
Dante Alighieri Society (*Pledged*)  
Abriendo Inn (*Pledged*)  
Rotary #43

**\$10,000**

Nick Gradisar and Jan Pullen  
Peaks to Plains (*In Kind*)  
Jeanne Arrigo (*In Kind*)  
Joe Fortino Painting (*In Kind*)  
Shawn Vidmar Devine  
KC Savage (*In Kind*)  
Pam and Burnie Zercher (*Pledged*)

\$5000

Betsy and Reeves Brown  
All -Tech (*In Kind*)  
Jeremy And Staci Hamm  
Jon Broome (*In Kind*)  
Rita Fox (*In Kind*)  
Jim and Barbara Hadley  
Pam Parks  
Jay Tonne  
John And Rhonda Thatcher  
Marvin Stein  
Katrina and Blair Presti  
William Baker Family

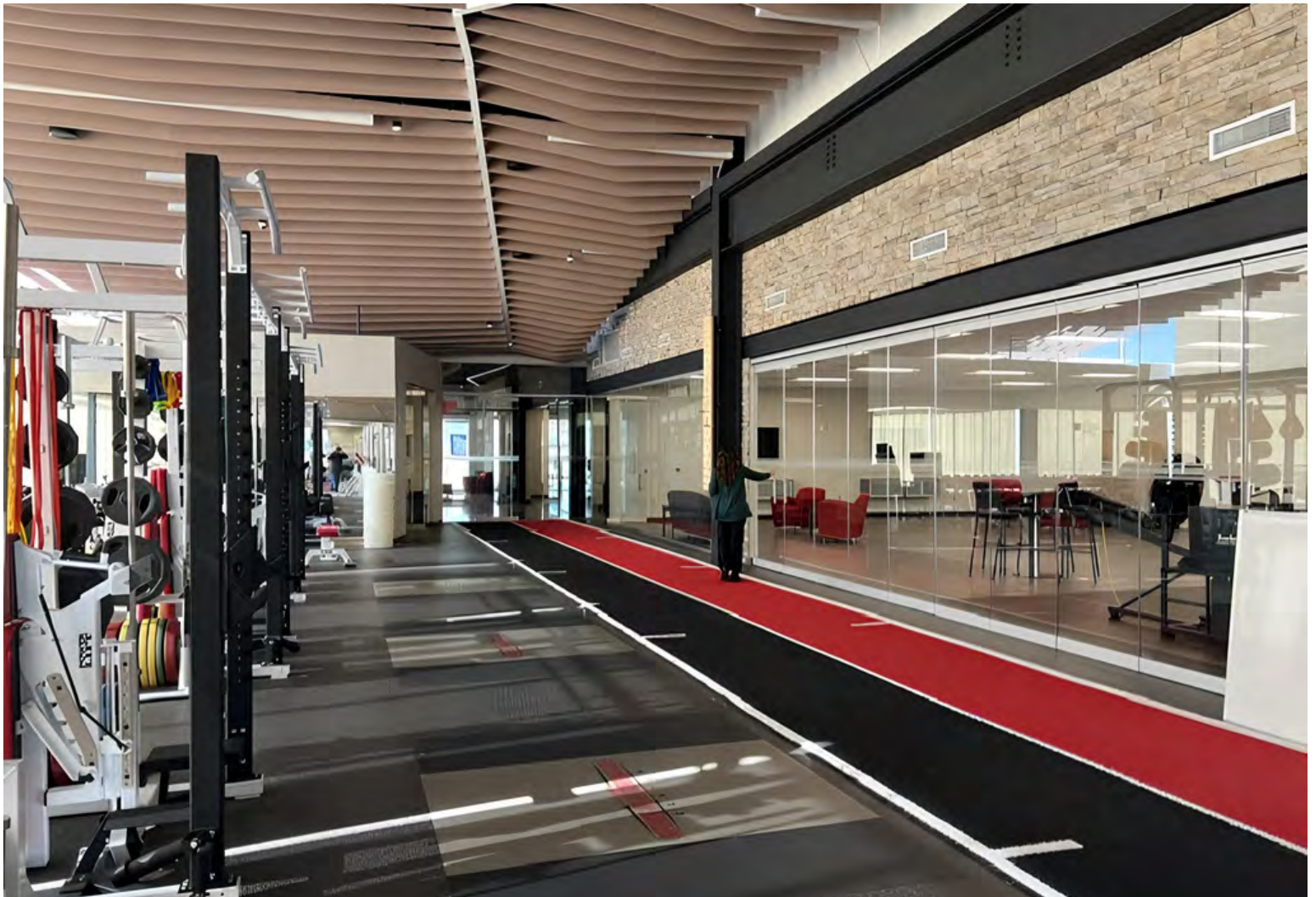
\$2500

Gigot and Eliham Hudspeth  
G4 Coatings (*In Kind*)  
Ken & Gaya White Family Foundation  
Jan Williams (*In Kind*)  
Joan Barickman & Pete Tully  
Parlapiano Family

**Continuing pledges 2027**

Jackson Family \$50,000  
Krage Family \$25,000  
Brown Family \$10,000  
Zercher Family \$12,000











## Museum Stats as of August 31, 2026

### Ticketing

Total Ticket Revenue

**\$165,972**

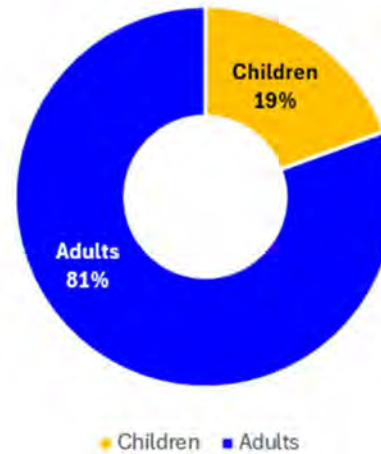
Total Tickets Sold

**13,143**

Giftshop Purchases

**\$58,389**

Visitors by Audience



### Membership

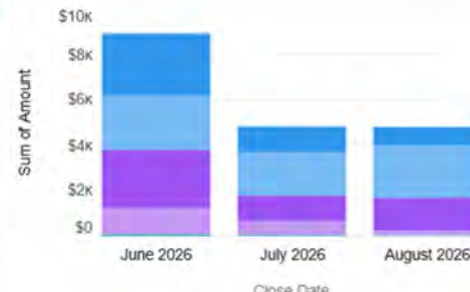
Current Memberships



Current Membership Program

- Dual
- Family
- Grandparent
- Individual
- Other

Membership Income FY



Origin Revenue Distribution



## Museum Stats as of August 31, 2026

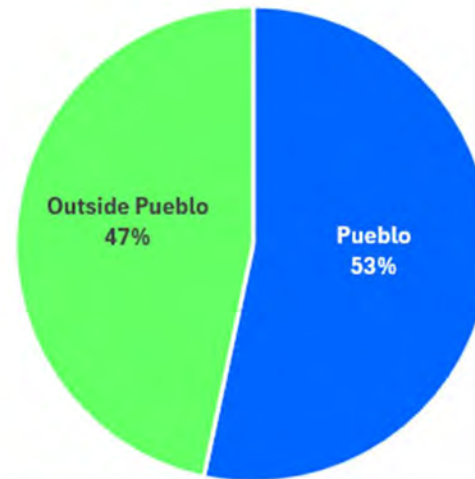
### Total Ticketed Visitors: 13,143

Visitors outside of Pueblo = 47%

Visitors outside of Colorado 12%

45 USA States

16 International Countries



|           |               |               |                  |              |              |
|-----------|---------------|---------------|------------------|--------------|--------------|
| ■ AE      | ■ AK          | ■ AL          | ■ AZ             | ■ CA         | ■ CO         |
| ■ CT      | ■ DC          | ■ FL          | ■ GA             | ■ IA         | ■ IL         |
| ■ IN      | ■ KS          | ■ KY          | ■ LA             | ■ MA         | ■ MD         |
| ■ MI      | ■ MN          | ■ MO          | ■ MS             | ■ MT         | ■ NC         |
| ■ ND      | ■ NE          | ■ NH          | ■ NJ             | ■ NM         | ■ NV         |
| ■ NY      | ■ OH          | ■ OK          | ■ OR             | ■ PA         | ■ SC         |
| ■ SD      | ■ TN          | ■ TX          | ■ UT             | ■ VA         | ■ VT         |
| ■ WA      | ■ WI          | ■ WY          | ■ CANADA         | ■ KUWAIT     | ■ LUXEMBOURG |
| ■ MEXICO  | ■ NETHERLANDS | ■ POLAND      | ■ UNITED KINGDOM | ■ BRAZIL     | ■ FRANCE     |
| ■ DENMARK | ■ NEW ZEALAND | ■ SWITZERLAND | ■ GERMANY        | ■ COSTA RICA | ■ CHINA      |
| ■ UKRAINE |               |               |                  |              |              |



In the short **80 days** it has been opened the DaVinci Museum has served approximately **3,400 youth** through makerspace, field trips, and summer camps. Ticket sales numbers above do not include the majority of the additional visitors outlined below.

- Inventor Lab, Makerspace, and Testing Lab Interactive Exhibits: Approximately 2,400 youth welcomed since opening
- Field Trips: Approximately 200 students served
- Summer Camps: Approximately 100 students served through school partnership and public programming
- Scholarships: 16 students received scholarships covering 80% or more covering tuition costs to attend public summer programs in July and August.
- Current field trip reservations and inquiries represent approximately 800 additional students
- Meetings and Events attendance
  - Business Networking International – 35-50 guests per week
  - Latino Chamber of Commerce – 75 guests
  - CSUP-PCC Signing – 60 Guests
  - Colorado Airport Operators Association – 160 guests
  - Colorado NAHRO – 125 guests
  - CSUP BOD Reception – 100 guests
  - League of Women Voters – 60 guests
  - Downtown Association – 40 guests
  - Boys & Girls Club – 100 guests (includes Family Engagement)
  - Parents Challenge – 35 guests
  - School District Teacher Professional Development Training (D60 & 70) – 100 Guests
  - Greater Pueblo Chamber – 60 guests
  - Independent and Assisted Living Groups (Pueblo, Colorado Springs and Denver) – 300+ guests
  - Church Groups (Pueblo, Colorado Springs and Denver) – 150+ guests
  - Special needs, limited mobility organizational groups – 75 guests
  - Kiwanis Convention – 160 guests
  - Chile Festival Balloonists - 150 guests



**Leonardo da Vinci Museum of North America  
Staffing**

| <b>Role</b>           | <b>Filled</b> | <b>Planned</b> |
|-----------------------|---------------|----------------|
| Museum Director       | 1             |                |
| Operations Director   | 1             |                |
| Education Director    | 1             |                |
| Marketing Manager     | 1             |                |
| Gift Shop Manager     | 1             |                |
| Education Coordinator |               | 2              |
| Education Specialist  |               | 1              |
| Exhibit Specialist    | 1             |                |
| Visitor Services      | 1             |                |
| Gift Shop Staff (PT)  | 3             |                |
| Museum Staff (PT)     | 10            |                |
| Café Manager          |               | 1              |
| Café Staff (PT)       |               | 4              |
| <b>TOTAL:</b>         | <b>20</b>     | <b>8</b>       |

**Short Form**  
**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**2024****Open to Public  
Inspection****A For the 2024 calendar year, or tax year beginning****, 2024, and ending****, 20****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**D** Employer identification number**E** Telephone number**F** Group Exemption  
Number**G** Accounting Method: ☐ Cash ☐ Accrual Other (specify): \_\_\_\_\_**I** Website: \_\_\_\_\_**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is **not**  
required to attach Schedule B  
(Form 990).**K** Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other: \_\_\_\_\_**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$

**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☐

|            |           |                                                                                                                                                                                                                            |           |  |
|------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| Revenue    | <b>1</b>  | Contributions, gifts, grants, and similar amounts received . . . . .                                                                                                                                                       | <b>1</b>  |  |
|            | <b>2</b>  | Program service revenue including government fees and contracts . . . . .                                                                                                                                                  | <b>2</b>  |  |
|            | <b>3</b>  | Membership dues and assessments . . . . .                                                                                                                                                                                  | <b>3</b>  |  |
|            | <b>4</b>  | Investment income . . . . .                                                                                                                                                                                                | <b>4</b>  |  |
|            | <b>5a</b> | Gross amount from sale of assets other than inventory . . . . .                                                                                                                                                            | <b>5a</b> |  |
|            | <b>b</b>  | Less: cost or other basis and sales expenses . . . . .                                                                                                                                                                     | <b>5b</b> |  |
|            | <b>c</b>  | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .                                                                                                                          | <b>5c</b> |  |
|            | <b>6</b>  | Gaming and fundraising events:                                                                                                                                                                                             |           |  |
|            | <b>a</b>  | Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .                                                                                                                                            | <b>6a</b> |  |
|            | <b>b</b>  | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . | <b>6b</b> |  |
| Expenses   | <b>c</b>  | Less: direct expenses from gaming and fundraising events . . . . .                                                                                                                                                         | <b>6c</b> |  |
|            | <b>d</b>  | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .                                                                                                               | <b>6d</b> |  |
|            | <b>7a</b> | Gross sales of inventory, less returns and allowances . . . . .                                                                                                                                                            | <b>7a</b> |  |
|            | <b>b</b>  | Less: cost of goods sold . . . . .                                                                                                                                                                                         | <b>7b</b> |  |
|            | <b>c</b>  | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .                                                                                                                                   | <b>7c</b> |  |
|            | <b>8</b>  | Other revenue (describe in Schedule O) . . . . .                                                                                                                                                                           | <b>8</b>  |  |
|            | <b>9</b>  | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .                                                                                                                                                    | <b>9</b>  |  |
|            | <b>10</b> | Grants and similar amounts paid (list in Schedule O) . . . . .                                                                                                                                                             | <b>10</b> |  |
|            | <b>11</b> | Benefits paid to or for members . . . . .                                                                                                                                                                                  | <b>11</b> |  |
|            | <b>12</b> | Salaries, other compensation, and employee benefits . . . . .                                                                                                                                                              | <b>12</b> |  |
| Net Assets | <b>13</b> | Professional fees and other payments to independent contractors . . . . .                                                                                                                                                  | <b>13</b> |  |
|            | <b>14</b> | Occupancy, rent, utilities, and maintenance . . . . .                                                                                                                                                                      | <b>14</b> |  |
|            | <b>15</b> | Printing, publications, postage, and shipping . . . . .                                                                                                                                                                    | <b>15</b> |  |
|            | <b>16</b> | Other expenses (describe in Schedule O) . . . . .                                                                                                                                                                          | <b>16</b> |  |
|            | <b>17</b> | <b>Total expenses.</b> Add lines 10 through 16 . . . . .                                                                                                                                                                   | <b>17</b> |  |
|            | <b>18</b> | Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .                                                                                                                                                  | <b>18</b> |  |
|            | <b>19</b> | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .                                                                 | <b>19</b> |  |
|            | <b>20</b> | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                                                                                                                             | <b>20</b> |  |
|            | <b>21</b> | Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .                                                                                                                                          | <b>21</b> |  |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2024)

**Part II**    **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

|    |                                                                                                     | (A) Beginning of year | (B) End of year |  |
|----|-----------------------------------------------------------------------------------------------------|-----------------------|-----------------|--|
| 22 | Cash, savings, and investments . . . . .                                                            |                       | 22              |  |
| 23 | Land and buildings . . . . .                                                                        |                       | 23              |  |
| 24 | Other assets (describe in Schedule O) . . . . .                                                     |                       | 24              |  |
| 25 | <b>Total assets</b> . . . . .                                                                       |                       | 25              |  |
| 26 | <b>Total liabilities</b> (describe in Schedule O) . . . . .                                         |                       | 26              |  |
| 27 | <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . . |                       | 27              |  |

|                 |                                                                                         |
|-----------------|-----------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Statement of Program Service Accomplishments</b> (see the instructions for Part III) |
|-----------------|-----------------------------------------------------------------------------------------|

Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

|           |                                                                                                          |            |  |
|-----------|----------------------------------------------------------------------------------------------------------|------------|--|
| <b>28</b> | _____                                                                                                    |            |  |
|           | _____                                                                                                    |            |  |
|           | _____                                                                                                    |            |  |
|           | (Grants \$ _____ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/> | <b>28a</b> |  |
| <b>29</b> | _____                                                                                                    |            |  |
|           | _____                                                                                                    |            |  |
|           | _____                                                                                                    |            |  |
|           | (Grants \$ _____ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/> | <b>29a</b> |  |
| <b>30</b> | _____                                                                                                    |            |  |
|           | _____                                                                                                    |            |  |
|           | _____                                                                                                    |            |  |
|           | (Grants \$ _____ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/> | <b>30a</b> |  |
| <b>31</b> | Other program services (describe in Schedule O) . . . . .                                                |            |  |
|           | (Grants \$ _____ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/> | <b>31a</b> |  |
| <b>32</b> | <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .                              | <b>32</b>  |  |

**Part IV** List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

[illegible]

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes        | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .                                                                                                                                                                                                                                                                           | <b>33</b>  |    |
| <b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .                                                                                                                                                                                     | <b>34</b>  |    |
| <b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .                                                                                                                                                                                                                                                         | <b>35a</b> |    |
| <b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                                                                                                                                      | <b>35b</b> |    |
| <b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .                                                                                                                                                                                                                               | <b>35c</b> |    |
| <b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .                                                                                                                                                                                                                                                             | <b>36</b>  |    |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> . . . . .                                                                                                                                                                                                                                                                                                                                      |            |    |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                  | <b>37b</b> |    |
| <b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .                                                                                                                                                                                                                | <b>38a</b> |    |
| <b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . . <b>38b</b> . . . . .                                                                                                                                                                                                                                                                                                                                               |            |    |
| <b>39</b> Section 501(c)(7) organizations. Enter: . . . . .                                                                                                                                                                                                                                                                                                                                                                                                       |            |    |
| <b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> . . . . .                                                                                                                                                                                                                                                                                                                                                              |            |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> . . . . .                                                                                                                                                                                                                                                                                                                                                     |            |    |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: . . . . .; section 4912: . . . . .; section 4955: . . . . .                                                                                                                                                                                                                                                                      |            |    |
| <b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .                                                                                                            | <b>40b</b> |    |
| <b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .                                                                                                                                                                                                                                                   |            |    |
| <b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .                                                                                                                                                                                                                                                                                                                     |            |    |
| <b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .                                                                                                                                                                                                                                                                                       | <b>40e</b> |    |
| <b>41</b> List the states with which a copy of this return is filed: . . . . .                                                                                                                                                                                                                                                                                                                                                                                    |            |    |
| <b>42a</b> The organization's books are in care of: . . . . . Telephone no. . . . .<br>Located at: . . . . . ZIP + 4 . . . . .                                                                                                                                                                                                                                                                                                                                    |            |    |
| <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If "Yes," enter the name of the foreign country: . . . . .<br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). . . . . | <b>42b</b> |    |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States?<br>If "Yes," enter the name of the foreign country: . . . . .                                                                                                                                                                                                                                                                                   | <b>42c</b> |    |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <b>43</b> . . . . .                                                                                                                                                                                       |            |    |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                                                                                                                                           | <b>44a</b> |    |
| <b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                                                                                                                                      | <b>44b</b> |    |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .                                                                                                                                                                                                                                                                                                                                                         | <b>44c</b> |    |
| <b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                                                                                                                            | <b>44d</b> |    |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                                                                                                                                      | <b>45a</b> |    |
| <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .                                                                                                                                                                                              | <b>45b</b> |    |

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

|           | Yes | No |
|-----------|-----|----|
| <b>46</b> |     |    |

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

|           | Yes | No |
|-----------|-----|----|
| <b>47</b> |     |    |

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

|           |  |  |
|-----------|--|--|
| <b>48</b> |  |  |
|-----------|--|--|

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

|            |  |  |
|------------|--|--|
| <b>49a</b> |  |  |
|------------|--|--|

**b** If "Yes," was the related organization a section 527 organization? . . . . .

|            |  |  |
|------------|--|--|
| <b>49b</b> |  |  |
|------------|--|--|

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
|                                     |                                                |                                                            |                                                                                         |                                            |
|                                     |                                                |                                                            |                                                                                         |                                            |
|                                     |                                                |                                                            |                                                                                         |                                            |
|                                     |                                                |                                                            |                                                                                         |                                            |
|                                     |                                                |                                                            |                                                                                         |                                            |
|                                     |                                                |                                                            |                                                                                         |                                            |

**f** Total number of other employees paid over \$100,000 . . . . .

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------|---------------------|------------------|
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000 . . . . .

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |                              |                      |      |                                                 |      |
|-------------------------------|------------------------------|----------------------|------|-------------------------------------------------|------|
| <b>Sign Here</b>              | Signature of officer         |                      | Date |                                                 |      |
|                               | Type or print name and title |                      |      |                                                 |      |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name   | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|                               | Firm's name                  |                      |      | Firm's EIN                                      |      |
|                               | Firm's address               |                      |      | Phone no.                                       |      |

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ Yes ☐ No

SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

Name of the organization

Employer identification number

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization<br>(described on lines 1–10<br>above (see instructions)) | (iv) Is the organization<br>listed in your governing<br>document? |    | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|----|---------------------------------------------------------|-------------------------------------------------------|
|                                    |          |                                                                                     | Yes                                                               | No |                                                         |                                                       |
| (A)                                |          |                                                                                     |                                                                   |    |                                                         |                                                       |
| (B)                                |          |                                                                                     |                                                                   |    |                                                         |                                                       |
| (C)                                |          |                                                                                     |                                                                   |    |                                                         |                                                       |
| (D)                                |          |                                                                                     |                                                                   |    |                                                         |                                                       |
| (E)                                |          |                                                                                     |                                                                   |    |                                                         |                                                       |
| Total                              |          |                                                                                     |                                                                   |    |                                                         |                                                       |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                          | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . .                                                                                                  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . .                                                                                                                                                                        |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4                                                                                                                                                                 |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                           | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024  | (f) Total                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .                                                                                                                                                                |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .                                                    |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                 |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                                                                   |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                       |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                   |          |          |          |          | <b>12</b> |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                       | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                              | <b>15</b> | %                        |
| <b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .                                                                                                                         |           | <input type="checkbox"/> |
| <b>b 33<sup>1</sup>/<sub>3</sub>% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .                                                                                                                      |           | <input type="checkbox"/> |
| <b>17a 10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/> |
| <b>b 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .                                                                                                                                                                                                                                                            |           | <input type="checkbox"/> |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                               | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                               |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                                     |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . .                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . .                                                                                                    |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year                   |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . .                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .                                                                                                                          |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                                  | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . .                                                                                                                                                                                         |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources                                                                                   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .                                                                                                     |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . .                                                                                                                                                                                       |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on                                                                                        |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .                                                                                                            |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .                                                                                                                                                             |          |          |          |          |          |           |
| <b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                           |           |   |
|-----------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . .                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                            |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . .                                                                                                                                                                                                                                                                      | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . .                                                                                                                                                                                                                                                                                              | <b>18</b> | % |
| <b>19a 33<sup>1</sup>/<sub>3</sub>% support tests—2024.</b> If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>         |           |   |
| <b>b 33<sup>1</sup>/<sub>3</sub>% support tests—2023.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/> |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>                                                                                                                                                                                                                        |           |   |

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>                                                                                                                                                                                                                    |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                                 |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>                                                                                                                                                                                                                                                               |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                        |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>                                                                                                                                                                                                                                                                                                                                           |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                            |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>                                                                                                                                                                               |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                              |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>                                                                                                                                                                                                         |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                         |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>                                                                                                                                                                                                                                                         |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Part IV** Supporting Organizations (continued)

|                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>11a</b>                                                                                                                                                                         |     |    |
| <b>b</b> A family member of a person described on line 11a above?                                                                                                                  |     |    |
| <b>11b</b>                                                                                                                                                                         |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .                             |     |    |
| <b>11c</b>                                                                                                                                                                         |     |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                             |     |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                      |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |  |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                  |  |  |  |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                             |  |  |  |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.                                                                                                                                                                                                                                                                                   |  |  |  |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A—Adjusted Net Income</b>  |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| <b>1</b>                              | Net short-term capital gain                                                                                                                                                                              | <b>1</b>       |                             |
| <b>2</b>                              | Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>       |                             |
| <b>3</b>                              | Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>       |                             |
| <b>4</b>                              | Add lines 1 through 3.                                                                                                                                                                                   | <b>4</b>       |                             |
| <b>5</b>                              | Depreciation and depletion                                                                                                                                                                               | <b>5</b>       |                             |
| <b>6</b>                              | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                             |
| <b>7</b>                              | Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>       |                             |
| <b>8</b>                              | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | <b>8</b>       |                             |
| <b>Section B—Minimum Asset Amount</b> |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                              | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):                                                                          |                |                             |
| <b>a</b>                              | Average monthly value of securities                                                                                                                                                                      | <b>1a</b>      |                             |
| <b>b</b>                              | Average monthly cash balances                                                                                                                                                                            | <b>1b</b>      |                             |
| <b>c</b>                              | Fair market value of other non-exempt-use assets                                                                                                                                                         | <b>1c</b>      |                             |
| <b>d</b>                              | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                                                  | <b>1d</b>      |                             |
| <b>e</b>                              | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                                                                                           |                |                             |
| <b>2</b>                              | Acquisition indebtedness applicable to non-exempt-use assets                                                                                                                                             | <b>2</b>       |                             |
| <b>3</b>                              | Subtract line 2 from line 1d.                                                                                                                                                                            | <b>3</b>       |                             |
| <b>4</b>                              | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                                                                                           | <b>4</b>       |                             |
| <b>5</b>                              | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                                                         | <b>5</b>       |                             |
| <b>6</b>                              | Multiply line 5 by 0.035.                                                                                                                                                                                | <b>6</b>       |                             |
| <b>7</b>                              | Recoveries of prior-year distributions                                                                                                                                                                   | <b>7</b>       |                             |
| <b>8</b>                              | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                       | <b>8</b>       |                             |
| <b>Section C—Distributable Amount</b> |                                                                                                                                                                                                          |                | Current Year                |
| <b>1</b>                              | Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                                                    | <b>1</b>       |                             |
| <b>2</b>                              | Enter 0.85 of line 1.                                                                                                                                                                                    | <b>2</b>       |                             |
| <b>3</b>                              | Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                                                   | <b>3</b>       |                             |
| <b>4</b>                              | Enter greater of line 2 or line 3.                                                                                                                                                                       | <b>4</b>       |                             |
| <b>5</b>                              | Income tax imposed in prior year                                                                                                                                                                         | <b>5</b>       |                             |
| <b>6</b>                              | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                                                            | <b>6</b>       |                             |
| <b>7</b>                              | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                             |

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D—Distributions |                                                                                                                                                    | Current Year |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>1</b>                | Amounts paid to supported organizations to accomplish exempt purposes                                                                              | <b>1</b>     |
| <b>2</b>                | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | <b>2</b>     |
| <b>3</b>                | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                              | <b>3</b>     |
| <b>4</b>                | Amounts paid to acquire exempt-use assets                                                                                                          | <b>4</b>     |
| <b>5</b>                | Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )                                                       | <b>5</b>     |
| <b>6</b>                | Other distributions (describe in <b>Part VI</b> ). See instructions.                                                                               | <b>6</b>     |
| <b>7</b>                | <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                          | <b>7</b>     |
| <b>8</b>                | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | <b>8</b>     |
| <b>9</b>                | Distributable amount for 2024 from Section C, line 6                                                                                               | <b>9</b>     |
| <b>10</b>               | Line 8 amount divided by line 9 amount                                                                                                             | <b>10</b>    |

| Section E—Distribution Allocations (see instructions) |                                                                                                                                                                                 | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2024 | (iii)<br>Distributable<br>Amount for 2024 |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| <b>1</b>                                              | Distributable amount for 2021 from Section C, line 6                                                                                                                            |                             |                                        |                                           |
| <b>2</b>                                              | Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.                                                   |                             |                                        |                                           |
| <b>3</b>                                              | Excess distributions carryover, if any, to 2024                                                                                                                                 |                             |                                        |                                           |
| <b>a</b>                                              | From 2019 . . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>b</b>                                              | From 2020 . . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>c</b>                                              | From 2021 . . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>d</b>                                              | From 2022 . . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>e</b>                                              | From 2023 . . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>f</b>                                              | <b>Total</b> of lines 3a through 3e                                                                                                                                             |                             |                                        |                                           |
| <b>g</b>                                              | Applied to underdistributions of prior years                                                                                                                                    |                             |                                        |                                           |
| <b>h</b>                                              | Applied to 2024 distributable amount                                                                                                                                            |                             |                                        |                                           |
| <b>i</b>                                              | Carryover from 2018 not applied (see instructions)                                                                                                                              |                             |                                        |                                           |
| <b>j</b>                                              | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          |                             |                                        |                                           |
| <b>4</b>                                              | Distributions for 2024 from Section D, line 7: \$                                                                                                                               |                             |                                        |                                           |
| <b>a</b>                                              | Applied to underdistributions of prior years                                                                                                                                    |                             |                                        |                                           |
| <b>b</b>                                              | Applied to 2024 distributable amount                                                                                                                                            |                             |                                        |                                           |
| <b>c</b>                                              | Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                |                             |                                        |                                           |
| <b>5</b>                                              | Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |                                        |                                           |
| <b>6</b>                                              | Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |                                        |                                           |
| <b>7</b>                                              | <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.                                                                                                             |                             |                                        |                                           |
| <b>8</b>                                              | Breakdown of line 7:                                                                                                                                                            |                             |                                        |                                           |
| <b>a</b>                                              | Excess from 2020 . . .                                                                                                                                                          |                             |                                        |                                           |
| <b>b</b>                                              | Excess from 2021 . . .                                                                                                                                                          |                             |                                        |                                           |
| <b>c</b>                                              | Excess from 2022 . . .                                                                                                                                                          |                             |                                        |                                           |
| <b>d</b>                                              | Excess from 2023 . . .                                                                                                                                                          |                             |                                        |                                           |
| <b>e</b>                                              | Excess from 2024 . . .                                                                                                                                                          |                             |                                        |                                           |

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for the latest information.

|                          |                                |
|--------------------------|--------------------------------|
| Name of the organization | Employer identification number |
|--------------------------|--------------------------------|

Organization type (check one):

| Filers of:         | Section:                                                                                                  |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization                                            |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                       |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation                                              |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation                                             |

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor’s total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33⅓% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering “N/A” in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don’t complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

**Caution:** An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990), but it **must** answer “No” on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990).

|                      |                                |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
|----------------------|--------------------------------|

**Part I**   **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                             |
|------------|-----------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions.)</small> |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                             |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions.)</small> |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                             |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions.)</small> |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                             |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions.)</small> |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                             |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions.)</small> |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                             |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions.)</small> |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                             |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions.)</small> |

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Supplemental Information to Form 990 or 990-EZ  
Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

Employer identification number

Area for supplemental information with horizontal dashed lines.

Employer identification number

[illegible]

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

Employer identification number

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

-----

-----

-----

-----

-----

-----

-----

-----

Form **8453-TE****Tax Exempt Entity Declaration and Signature  
for Electronic Filing**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2024, or tax year beginning JAN 01, 2024, and ending DEC 31, 20 24For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP  
Go to [www.irs.gov/Form8453TE](http://www.irs.gov/Form8453TE) for the latest information.**2024**

Name of filer

PUEBLO STEAM WORKS

EIN or SSN

92-2470389

**Part I Type of Return and Return Information**

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

|     |                          |                                     |   |                                                                      |     |         |
|-----|--------------------------|-------------------------------------|---|----------------------------------------------------------------------|-----|---------|
| 1a  | Form 990 check here      | <input type="checkbox"/>            | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12)     | 1b  |         |
| 2a  | Form 990-EZ check here   | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990-EZ, line 9)                          | 2b  | 102,500 |
| 3a  | Form 1120-POL check here | <input type="checkbox"/>            | b | Total tax (Form 1120-POL, line 22)                                   | 3b  |         |
| 4a  | Form 990-PF check here   | <input type="checkbox"/>            | b | Tax based on investment income (Form 990-PF, Part V, line 5)         | 4b  |         |
| 5a  | Form 8868 check here     | <input type="checkbox"/>            | b | Balance due (Form 8868, line 3c)                                     | 5b  |         |
| 6a  | Form 990-T check here    | <input type="checkbox"/>            | b | Total tax (Form 990-T, Part III, line 4)                             | 6b  |         |
| 7a  | Form 4720 check here     | <input type="checkbox"/>            | b | Total tax (Form 4720, Part III, line 1)                              | 7b  |         |
| 8a  | Form 5227 check here     | <input type="checkbox"/>            | b | FMV of assets at end of tax year (Form 5227, Item D)                 | 8b  |         |
| 9a  | Form 5330 check here     | <input type="checkbox"/>            | b | Tax due (Form 5330, Part II, line 19)                                | 9b  |         |
| 10a | Form 8038-CP check here  | <input type="checkbox"/>            | b | Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b |         |

**Part II Declaration of Officer or Person Subject to Tax**

- 11a ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that ☐ I am an officer of the above named entity or ☐ I am the person subject to tax with respect to (name of entity) PUEBLO STEAM WORKS, (EIN) 92-2470389,

and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign

Here

Signature of officer or person subject to tax

08/20/2025

Date

CHAIRMAN

Title, if applicable

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

|                       |                                                                |      |                                                      |                                                 |                   |
|-----------------------|----------------------------------------------------------------|------|------------------------------------------------------|-------------------------------------------------|-------------------|
| <b>ERO's Use Only</b> | ERO's signature                                                | Date | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's SSN or PTIN |
|                       | Firm's name (or yours if self-employed), address, and ZIP code |      |                                                      |                                                 | EIN               |
|                       |                                                                |      |                                                      |                                                 | Phone no.         |

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

|                               |                            |                      |      |                                                 |            |
|-------------------------------|----------------------------|----------------------|------|-------------------------------------------------|------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN       |
|                               | Firm's name                |                      |      |                                                 | Firm's EIN |
|                               | Firm's address             |                      |      |                                                 | Phone no.  |

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Cat. No. 31574T

Form **8453-TE** (2024)

Legal research received by the RTA Committee from Jason Dunn and David Lytle regarding the Use of One Half Percent Sales and Use Tax Capital Improvement Project Funds for the RTA Project.

Email received from Jason Dunn Dated: October 11, 2013

You asked for a quick review of the 2012 changes to the City Code as it relates to the use of the Capital Improvement Project Fund (the Fund), and whether jobs created through the RTA project would qualify as "primary jobs" under the Code, thus making RTA project costs eligible for funding through the Fund. In general, the RTA projects qualify.

The definition of "primary job" in the code covers two areas of full-time employment: (1) jobs involved in the production and distribution of products, and (2) service sector jobs that create sales or consumption outside the City. RTA jobs fall into the latter category as jobs created through the attraction of new, out of state tourism to Pueblo (as required by the RTA statute). By definition, the new spending at RTA locations is done by visitors to Pueblo from outside Colorado that would not have otherwise been spent in Colorado or Pueblo. After spending money locally, these non-Colorado residents return to their home state or country. Thus, the jobs created by the RTA projects may accurately be characterized as service sector jobs that are consumed outside the City.

This conclusion fits within the intent of the 2012 changes to the Code, which are described in Ordinance No. 8509 as intending to update the purpose of the Fund to stimulate job creation and to "account for the realities of economic development in the Twenty-First Century...." There is little doubt that the RTA projects and the goal of attracting new visitors to Pueblo fits these objectives.

I would also note that the Code lists criteria for Council approval of an application for funding from the Fund that requires (1) the project be consistent with the City's long-term planning objectives, (2) that greater consideration be given to projects which enhance the City's tax base, and (3) the projects may not materially compete with existing businesses within the City. The RTA projects unquestionably meet these criteria.

Finally, I would note that not only may the Council grant a variance from the criteria for approval, but that any action by the Council is intended to be non-appealable.

If you have further questions, please let me know.

**Jason R. Dunn**  
Brownstein Hyatt Farber Schreck, LLP  
410 Seventeenth Street, Suite 2200  
Denver, CO 80202

Email received from David Lytle Dated: October 8, 2013

I have reviewed Jason Dunn's attached quick review of whether jobs created through the RTA projects will qualify as "primary jobs" under the City Code and Ordinances. I concur with Jason's analysis and would add the following additional comments.

When the Pueblo voters adopted Ordinance No. 8197 they delegated to the City Council, at Section 4, the authority and direction to promulgate the criteria, standards and rules and regulations necessary to carry out the provisions of the Ordinance. City Council enacted Ordinance No. 8509 on September 10, 2012 to carry out this delegation of authority and direction from the voters. Ordinance No. 8509 specifically contemplates that the "Fund" as the same is identified in Ordinance No. 8509 may be used in the form of loans (Section 14-4-85.3 (b)(7) ). Additionally Ordinance No. 8509 at Section 2(c) specifically identifies the "location of a new government facility within the City" as a "primary job-creating capital improvement project within the meaning of Section 14-4-85(f) of the Pueblo Municipal Code."

If there is a more detailed discussion needed please let me know.

David Lytle  
Altman Keilbach Lytle Parlapiano & Ware, P.C.  
229 Colorado Ave.  
Pueblo, CO 81004

Email received from Jason Dunn Dated: October 11, 2013

You asked whether Section 18-5 of the City Charter, which prohibits City Council from amending an ordinance adopted by public vote, impacts the definition of "Primary Job" enacted by Council in Section 14-4-85-1 (Ordinance 8509). I do not believe that the prohibition is applicable here. The 2010 amendments to Code provision governing the Capital Improvement Projects Fund (Ordinance 8197), which was adopted by public vote, specifically states in Section 4 that "The City Council is authorized and directed to establish by Ordinance the criteria, standards and regulations for the appropriation and expenditure of such revenues for primary job creating capital improvement projects . . ." The City Council subsequent enactment of a definition of "primary job" that is consistent with intent of the organic legislation, as adopted by the voters, is clearly within the authority of the City Council. As discussed in my previous emails, the definition of "primary job" that was adopted in Section 14-4-85.1(g) unquestionably fulfills that intent, and contemplates the use of the Fund for RTA projects.

If you have any other questions, please let me know.

**Jason R. Dunn**  
**Brownstein Hyatt Farber Schreck, LLP**  
410 Seventeenth Street, Suite 2200  
Denver, CO 80202

Paul C. Benedetti

2730 Iliff Street  
Boulder, Colorado 80305

Attorney at Law

Telephone: (303) 499-6340  
Fax: (303) 499-6408  
paul.benedetti@comcast.net

MEMORANDUM

**DATE:** June 5, 2014  
**FROM:** Paul C. Benedetti  
**TO:** John Batey  
**SUBJECT:** Loan from the City Sales and Use Tax Capital Improvement Projects Fund to support Pueblo's Regional Tourism Project

You have requested an opinion on whether it is lawful for the City of Pueblo to approve a loan from its Sales and Use Tax Capital Improvement Projects Fund (the "1/2 Cent Fund") in support of the Pueblo Professional Bull Riders University and Heritage of Heroes Project (the "RTA Project"), which has been approved by the State as a Regional Tourism Project under the Regional Tourism Act, Sections 24-46-301, *et seq.*, C.R.S. (the "RTA Law"). Based on the following the answer is yes, such a loan is consistent with both state and local law and previous commitments of all parties involved in the RTA Project.

By creating commercial and tourism facilities to serve out of state tourists, the RTA Project complies with the requirements of both the RTA Act and the ordinances implementing the 1/2 Cent Fund. Section 302 of the RTA Law states its purpose is to provide financing to "attract significant investment and revenue from outside the state." According to Pueblo City Ordinance No. 8197, the 1/2 Cent Fund is to be used for "primary job creating capital improvement projects." Ordinance No. 8509 states that a primary job includes employment in industries that provide services primarily for use outside of the City. The City Council has broad discretion to determine the type of facilities that qualify for loans from the 1/2 Cent Fund and states in Section 2 of Ordinance No. 8509 that "a new government facility constitutes a primary job-creating capital improvement project" qualifying for a loan from the 1/2 Cent Fund. Further, Section 2 states that redevelopment of underutilized urban areas are favored because it will have a greater job-creating effect as new employees will utilize other businesses surrounding the redevelopment zone and will enhance the City's tax base. Finally, the City Council is authorized to grant a variance if it determines that the RTA Project will create employment justifying the expenditure from the 1/2 Cent Fund.

Providing (1) primary job-creating facilities (2) that enhance the City's tax base (3) in a designated redevelopment area to (4) serve out of state tourists meets all of the criteria in both the RTA Law and Ordinances 8197 and 8509. In reliance on the City's agreement to cooperate and help fund the RTA Project, the State has committed substantial state sales tax increment revenue to carry out the project. A loan from the 1/2 Cent Fund that makes the RTA Project work as the parties intended is consistent with the requirements attached to that fund and the agreements of all parties involved in the RTA Project.



20<sup>th</sup> of August 2026

**Honorable Mayor and Members of Pueblo City Council**

City of Pueblo  
Pueblo, Colorado

**Re: Letter of Support – Leonardo da Vinci Museum of North America**

Dear Mayor and Members of City Council,

On behalf of **Artisans of Florence, the official worldwide representatives of the Museum of Leonardo da Vinci in Florence, Italy**, we are pleased to express our strong support for the Leonardo da Vinci Museum of North America's updated request for funding through the City of Pueblo's half-cent sales tax program.

We are proud to have been involved in bringing Leonardo da Vinci's legacy to Pueblo and believe this museum represents a unique cultural, educational, and tourism opportunity for the city. It is not simply a local museum, but a destination with the potential to attract visitors from across Colorado, throughout the United States, and internationally.

The museum has already demonstrated this potential. Shortly after opening, it welcomed more than **7,000 visitors from 39 states and seven countries**, with more than half travelling from outside Pueblo. These visitors bring new economic activity to the community through spending at local restaurants, hotels, businesses, and other attractions.

As representatives of the Museo Leonardo da Vinci in Florence, we also recognize the importance of the museum's educational and international mission. Leonardo's work represents the intersection of **art, science, engineering, technology, and human creativity**; principles that make the Leonardo da Vinci Museum of North America particularly well suited to advancing STEAM education and inspiring future generations.

We strongly support the focus of the funding request on **placemaking, visitor experience, STEAM programming, visitor amenities, and marketing**. These investments will allow the museum to build on its early success, encourage longer and repeat visits, attract additional tourists, and strengthen the economic benefits extending throughout the Pueblo community.

We believe the Leonardo da Vinci Museum of North America has the potential to become a **signature cultural and tourism destination for Pueblo and Southern Colorado**, while providing lasting educational and economic benefits to the community.

For these reasons, we respectfully encourage the Mayor and Pueblo City Council to approve the museum's updated funding request. We are confident that continued investment in this project will deliver meaningful long-term value to Pueblo and help establish the city as a destination for **culture, education, innovation, and tourism**.

Thank you for your consideration and continued support.

Sincerely,

**Thomas Rizzo**

**Director**

**Artisans of Florence**

Official Representatives of the Museum of Leonardo da Vinci

Florence, Italy

A handwritten signature in black ink, reading "Thomas Rizzo". The signature is written in a cursive style with a large, stylized 'T' and 'R'.

---

**Support for Advance Pueblo Funding for the Leonardo da Vinci Museum of North America**

---

**From** Tricia Burton <tricia.burton@fujifilm.com>

**Date** Mon 5/18/2026 5:41 PM

**To** ddanti@pueblo.us <ddanti@pueblo.us>

Dear Councilwoman Danti,

My name is Tricia Burton, and I am a proud Pueblo resident, board member for the Leonardo da Vinci Museum of North America, mother of three boys in Pueblo City Schools, and someone who deeply loves this community.

I'm reaching out to respectfully ask for your support of Advance Pueblo funding for the Leonardo da Vinci Museum project as we prepare for our June 12 grand opening.

Professionally, I have spent the past 20 years working in the sciences at a high-purity chemical manufacturing facility in Pueblo supporting the semiconductor industry. Because of that experience, I have seen firsthand how meaningful exposure to science, technology, engineering, creativity, and innovation can be in shaping a young person's future.

As a mother, this project feels especially meaningful to me. My three boys are growing up here in Pueblo as strong students and athletes, and I care deeply about the kind of opportunities our community creates for the next generation. Not every child gets early exposure to the worlds of science, engineering, or innovation in a way that feels exciting and accessible. This museum has the potential to change that for so many local families through inspiring STEAM education experiences.

I'm also incredibly proud that this project is already investing in Pueblo before even opening its doors. Local residents have already been hired, Pueblo contractors have been engaged, and with community support, this museum is expected to create 25 new full-time jobs while bringing nearly \$1 million in payroll directly into our local economy.

Beyond the economic impact, I believe this is a project that brings pride and positive visibility to Pueblo. Being home to the first Leonardo da Vinci Museum of its kind in North America is something truly special. It creates an opportunity to attract visitors from outside our region, supporting local hotels, restaurants, and small businesses while showcasing the strengths of our city.

As someone who grew up here, built my career here, and am now raising my family here, I believe deeply in investing in opportunities that strengthen our community and create hope for future generations. I also believe we are called to pour into our communities in ways that leave something meaningful behind, and this project reflects that beautifully.

I respectfully ask for your support of Advance Pueblo funding for this important project.

Thank you for your service, leadership, and commitment to the people of Pueblo.

Warmly,

*Tricia Burton*

**FUJIFILM Electronic Materials Process Chemicals** | *Quality Laboratory Manager*

*250 William White Blvd, Pueblo, CO 81001 USA*

Phone: +1 (719) 948-5078

Mobile: +1 (719) 369-4455

Email: [tricia.burton@fujifilm.com](mailto:tricia.burton@fujifilm.com)

Website: [www.fujifilm.com/em-global/en](http://www.fujifilm.com/em-global/en)

NOTICE: This message, including any attachments, is only for the use of the intended recipient(s) and may contain confidential, sensitive and/or privileged information, or information otherwise prohibited from dissemination or disclosure by law or regulation, including applicable export regulations. If the reader of this message is not the intended recipient, you are hereby notified that any use, disclosure, copying, dissemination or distribution of this message or any of its attachments is strictly prohibited. If you received this message in error, please contact the sender immediately by reply email and destroy this message, including all attachments, and any copies thereof.



Abigail Krause  
Executive Director  
Pueblo Zoo  
3455 Nuckolls Ave  
Pueblo, CO 81005

12/18/2024

Mr. Joe Arrigo  
Leonardo da Vinci Museum and STEAMworks ScienceCenter  
**Subject: Letter of Mutual Support and Collaboration**

Dear Mr. Arrigo,

We are delighted to extend our warm regards from the Pueblo Zoo to the Da Vinci/ Science Center. As institutions deeply committed to education, exploration, and community engagement, we recognize the immense potential for collaboration between our organizations to inspire curiosity and foster a greater understanding of science, nature, and innovation.

At the Pueblo Zoo, our mission is to empower people to engage in conservation of animals and their natural habitat. We are dedicated to connecting people with wildlife and nature through education, conservation, and immersive experiences. Similarly, the da Vinci Science Center's emphasis on promoting curiosity and lifelong learning through hands-on scientific exploration aligns seamlessly with our mission. Together, we can leverage our unique strengths to create impactful programs and initiatives that benefit our respective communities and beyond.

To this end, we propose the following areas of mutual support and collaboration:

**1. Joint Educational Initiatives:**

- Developing cross-disciplinary programs that integrate wildlife conservation with STEM education. For instance, using the physics of flight to explore bird adaptations or showcasing the engineering marvels of animal habitats.
- Hosting virtual exchanges where our teams can present specialized workshops to each other's audiences, broadening access to diverse learning experiences.

**2. Resource Sharing:**

- Sharing digital assets, research findings, and lesson plans to enrich both organizations' educational offerings.
- Exchanging exhibit ideas and concepts, such as incorporating live animal displays into scientific exhibits or embedding engineering principles into habitat design.

**3. Collaborative Events:**

- Partnering for events such as Earth Day, STEM Day, or International Wildlife Day to co-promote the intersection of science and conservation.
- Jointly hosting visiting experts or speakers to highlight topics of mutual interest to our communities.

**4. Community Engagement:**

- Collaborating on outreach programs to extend our missions to underserved audiences, ensuring equitable access to science and nature education.
- Exploring grant opportunities to fund collaborative projects aimed at engaging youth and families in hands-on learning.



pueblozoo.org  
719-561-1452  
3455 Nuckolls Ave  
Pueblo, CO, 81005



We believe that our collaboration will not only amplify the impact of our individual efforts but also demonstrate the powerful synergy between science, conservation, and education. We are excited about the possibilities and look forward to working together to make a lasting difference in the lives of those we serve.

We invite you to discuss this proposal further and share your thoughts on additional ways we can collaborate. Please feel free to contact me directly at [akrause@pueblozoo.org](mailto:akrause@pueblozoo.org) or 719-561-1452 Ext. 104.

Thank you for considering this opportunity to join forces in our shared mission of inspiring wonder and fostering a better future. We look forward to building a meaningful and impactful partnership.

Warm regards,

Abigail Krause  
Executive Director

Our mission is to empower people to engage in  
conservation of animals and their natural habitat.

ACCREDITED BY THE  
ASSOCIATION  
OF ZOO &  
AQUARIUMS

---

**Howard C. Hayden**  
**Prof. Emeritus of Physics, UConn**  
**785 S. McCoy Drive**  
**Pueblo West, CO 81007**

---

December 20, 2024

## Recommendation for a Science Museum in Pueblo

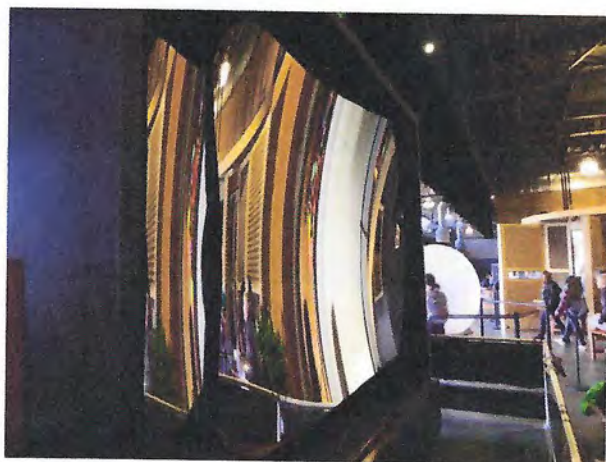
In 2012, I set up the first version of a STEM lab at the Pueblo Weisbrod Aircraft Museum. It is now in its fourth or fifth—and best—location. It draws in student groups from Pueblo and southeastern Colorado, and as far north as Castle Rock. Though I have not kept count, I can confidently say that the STEM lab draws in several hundred youngsters every year, and it occupies only about a thousand square feet.

Because we are in an air museum, we tend to emphasize the science and associated technologies related to flight. Also, the museum is primarily dedicated to aircraft, so we have limited ability to expand. I have had many ideas for new displays, but do not have the room to implement them.

A group called the Southern Colorado Science Center, headed by Joe Arrigo, intends to build a full-fledged science museum in Pueblo. My visits to science museums from Boston to San Francisco tell me that a large well-run science museum can be a real asset to a community and serve as a spark that can ignite a lifelong career in science. These museums are always crowded.

Arrigo's group has access to a planetarium projector and a large number of Leonardo da Vinci inventions, both looking for a place to be displayed. I have well over a hundred photographs of apparatus at science museums showing interesting displays that could be done here in Pueblo. Some of the things are behind glass ("look, but don't touch") and (my preference) many hands-on gadgets that are very effective educational devices. Here is a small sampling:





In short, I enthusiastically support the idea of a science museum here in Pueblo.  
Best Regards,

Howard C. Hayden

# Pueblo Rotary Club #43



December 11, 2024

---

**Re: Letter in support of da Vinci Museum, Pueblo Colorado**

To Whom It May Concern:

The Pueblo Rotary Club #43 would like to express our unqualified support for the work of Joe Arrigo and his organization in bringing the da Vinci Museum to a permanent location in Pueblo, Colorado.

Our club has served the greater Pueblo area for one hundred and twelve years. Our main focus during this time has been developing childrens' literacy. We have not ever seen a better endeavor than the da Vinci Museum toward this effort.

We observe that the da Vinci Museum has in place the necessary vision, leadership, planning, and persistence to make a significant contribution to our community and region.

It is with unqualified and unanimous support that we recommend you fully support the da Vinci Museum to your maximum capability.

Sincerely,

Jon B. Broome, MBA

President, Pueblo Rotary #43

approved by Pueblo Rotary #43 Board of Directors

July 2024

To Whom It May Concern:

On behalf of Rosemount Museum Board of Directors, I would like to extend a letter of support on behalf of the Southern Colorado Science Center and their mission to further the education and awareness of the arts and sciences in the state's southern region. Please accept this as an official notification that Rosemount is excited to be a participant / partner with this innovative community center as it establishes itself as a catalyst for discovery and creativity.

The Southern Colorado Science Center is a welcome addition to the local attraction and museum family and addresses an important need in the community. The SoCo Science Center aims to provide a dynamic and interactive environment for people of all ages. The center hopes to empower individuals through the wonders of science and technology.

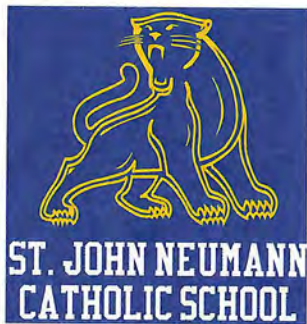
Rosemount, a 131-year-old Victorian house museum, offers guided tours which highlight the family who lived in the house, their lifestyle, Victorian culture, and early Pueblo history. Rosemount's mission includes sharing the mansion with the general public and preserving it for future generations. However, our interests reach far beyond our property.

Rosemount fully supports the efforts of the SoCo Science Center as they strive to attract tourists to the Pueblo area, while also catering to the local population. Making science and technology available to people from all walks of life will hopefully inspire the world's future scientists, engineers and technological leaders. It is a valiant mission.

We look forward to working with the SoCo Science Center, as well as all museums in the Southern Colorado region. We encourage others to seriously consider the Southern Colorado Science Center as a future partner.

Sincerely,

Deb Darrow  
Executive Director



St. John Neumann Catholic School  
Julie Naccarato, Administrator  
Stephanie Smith, Administrator  
2415 E Orman Avenue  
Pueblo, CO 81004  
719-561-9419  
[jnaccarato@sjncs.school](mailto:jnaccarato@sjncs.school)  
[ssmith@sjncs.school](mailto:ssmith@sjncs.school)  
[www.sjncs.school](http://www.sjncs.school)

*Nurturing and Challenging Every Student's Mind, Body, and Spirit*

June 24, 2024

Dear Southern Colorado Science Center board of directors,

On behalf of St. John Neumann Catholic School, we would like to express our enthusiastic support for the Southern Colorado Science Center project. As the administrators of SJNCS we feel that this program will provide additional educational opportunities for our students. Small schools like ours will benefit from the resources and extra programs and opportunities that our students may not be able to receive. All students should benefit from a STEM program, and the Science Center will certainly address those needs.

We urge everyone to support this visionary project. It is programs like this that will create a brighter future for our children.

Julie Naccarato and Stephanie Smith  
Co Administrators  
St. John Neumann Catholic School



**"ACHIEVING EXCELLENCE TOGETHER"**

Dear Southern Colorado Science Center Board,

On behalf of District 70, I am writing to express our support for the Southern Colorado Science Center and its mission to ignite curiosity, foster innovation, and empower future generations through the wonders of science, technology, and art. The strategic pillars of the Science Center, including the DaVinci Museum of Machines and Robotics, STEAMworks Interactive Science Exhibit, and the Pueblo Planetarium, provide a rich structure for educational opportunity and community engagement. Sparking imagination and curiosity with hands-on learning experiences aligns with our district's goals of preparing students for the challenges and possibilities of the future. We believe that the innovative and interactive exhibits at the Science Center will enhance the educational experiences of our students, fostering a deeper understanding and appreciation of STEAM fields.

As highlighted in your presentation, the Southern Colorado Science Center's commitment to educational and cultural collaboration resonates with our district's values. We are particularly excited about the opportunities for our students to engage with the center's exhibits, such as the first permanent Leonardo da Vinci museum in North America. The center's model for success, as evidenced by the visitor statistics and economic benefits seen in Florence, Italy, underscores the positive impact it will have on our local community. We are eager to see the center become a hub for tourism, job creation, and cultural exchange in Pueblo, enhancing the educational landscape for our students through school tours and interactive learning sessions and providing unique learning opportunities outside the classroom. District 70 is proud to support the Southern Colorado Science Center and looks forward to a fruitful partnership that will benefit our students and the broader community.

Sincerely,

*Anthony Martinez*

Dr. Anthony Martinez  
Director of Curriculum and Instruction  
Pueblo District 70



July 4, 2024



HELEN THATCHER WHITE GALLERIES  
BUELL CHILDREN'S MUSEUM  
JACKSON CONFERENCE CENTER

210 N Santa Fe Avenue • Pueblo, CO • 81003  
719.295.7200 • fax 719.295.7230 • sdc-arts.org

Mr. Joe Arrigo  
80 Fabrication Dr.  
Pueblo West, CO 81007

RE: Letter to Express a Collaborative Spirit

Dear Joe,

*Dear Joe,*

I look forward to areas where collaboration can occur as we discussed at our recent meeting. As mentioned then, it was exciting in past months for me to offer my support and outreach to help align contacts to aid with the planetarium projector reaching you in the best way possible regarding your efforts to save such a great piece of equipment.

On behalf of the Arts Center, we'll always stand ready to do our best to interact with other community organizations to find solution-sets to better our city and its offerings in the most effective way possible. I'd also like to express my thanks for the information sheet that you shared with me at our meeting which allowed me the opportunity to begin to learn more about the organization of and the ideas surrounding the SoCo Science Center concept.

Our work at the Arts Center and the focused way that the Arts Center continues to help bridge culture with science, technology, engineering, art, and math helps us to link with exciting possibilities to come in Pueblo. Please accept this letter to express our collaborative spirit and enthusiasm to always be excited to explore prospects together. Such prospects can also help to propel us forward as well at the Arts Center as we continually focus on our next 50 years of growth and service.

I'd look forward to meetings to come that could possibly build synergies and please do not hesitate to contact me at any time, Joe.

Sincerely,

Andy Sanchez  
CEO

**MISSION STATEMENT:**

The Sangre de Cristo Arts & Conference Center creates artistic and educational experiences for everyone.

The Sangre de Cristo Arts & Conference Center is proud to be a fully accredited member of the American Alliance of Museums.





## Center for American Values

101 South Main Street, Suite 100  
Pueblo, Colorado 81003  
719-543-9502  
[www.americanvaluescenter.org](http://www.americanvaluescenter.org)

Drew Dix, Co-Founder  
Brad Padula, Co-Founder

### BOARD OF DIRECTORS

Henry Jones, President  
Drew Dix  
Brad Padula  
Robert Root  
Dr. Charlie March  
Trevor Terrill  
Keith Bishop

### FOUNDING DONORS

Dr. Adolph and Bernadette Padula  
Anschutz Foundation  
Daniels Fund  
Irwin Healthcare Alliance  
Datt and Kerry Decker  
El Petrar Foundation

### MISSION

*To honor the extreme  
sacrifices made to help sustain  
America's values and to ensure  
these extraordinary actions  
are preserved ... forever.*

12/12/24

The Center for American Values would like to express enthusiastic support for the Leonardo da Vinci Museum and STEAMworks Science Center. This ambitious project represents a transformative opportunity to celebrate innovation, artistry, and the spirit of discovery.

Pueblo's historical and cultural landscape is defined by its vibrant institutions, each of which contributes uniquely to the education and inspiration of its residents and visitors alike. The addition of the Leonardo da Vinci Museum complemented by an interactive science center will highlight our city as a hub for education, culture, and tourism. The interdisciplinary nature of this project, bridging history, art, and STEM, aligns well with our shared mission of empowering future generations to engage with curiosity and creativity in meaningful ways.

We recognize the immense potential for synergy between our organizations. Joint programming, exhibitions, and education initiatives would not only deepen the experiences we collectively offer but also amplify our capacity to draw local, regional, and out of state visitors.

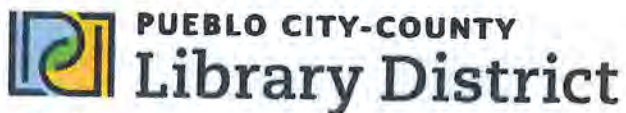
This project promises to be a catalyst for economic growth and community pride. By attracting increased tourism, it will bolster local businesses, create jobs, and contribute to a thriving downtown. The ripple effects of such an endeavor with enhanced educational opportunities for our youth, and heightened visibility on the cultural tourism map—cannot be overstated.

We wholeheartedly support this endeavor and are excited to lend our expertise and enthusiasm to ensure its success. We are confident that that Leonardo da Vinci museum and STEAMworks Science Center will serve as a beacon of inspiration and the innovation for generations to come.

Respectfully,



Brad Padula  
Cofounder, Board Member



100 E. Abriendo Ave.  
Pueblo, CO 81004-4232  
(719) 562-5600  
[www.pueblolibrary.org](http://www.pueblolibrary.org)

December 17, 2024

To Whom It May Concern,

On behalf of the Pueblo City-County Library District (PCCLD), we are pleased to express our support and interest in the Leonardo da Vinci & STEAMworks Science Center. The creation of this type of institution will allow for Pueblo City-County Library District to work together with the Leonardo da Vinci & STEAMworks Science Center to foster education, creativity, and community engagement. This letter of mutual support underscores our shared vision to inspire lifelong learning and curiosity while empowering individuals of all ages through access to innovative educational resources.

The Pueblo City-County Library District has long served as a cornerstone of our community, providing access to a wealth of books, technology, and programs that significantly enrich the lives of our residents. Similarly, the Leonardo da Vinci Museum & STEAMworks Science Center is dedicated to igniting interest in science, technology, engineering, art, and mathematics through hands-on exhibits, workshops, and community initiatives. Our collective efforts to promote educational enrichment will undoubtedly enhance the impact of both institutions.

When the Leonardo da Vinci & STEAMworks Science Center is fully operational in Pueblo, the synergy between our organizations will amplify our ability to serve the community, creating a vibrant and supportive environment for learning and innovation. Together, we look forward to collaboration and achieving new milestones in educational excellence and community engagement.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sherri L. Baca'.

Sherri L. Baca, MLS, MBA  
Executive Director,  
Pueblo City-County Library District

A handwritten signature in black ink, appearing to read 'Nick Potter'.

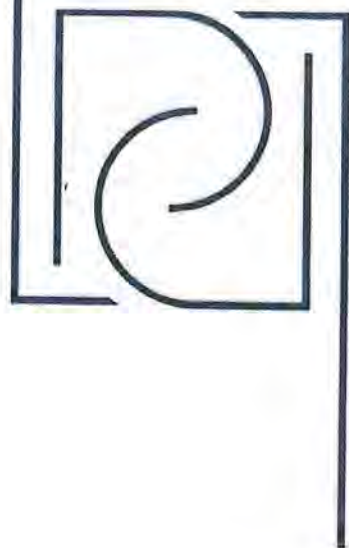
Nick Potter, M.S.  
Executive Director,  
Pueblo Library Foundation

#### LIBRARIES

Barkman Library  
Greenhorn Valley Library  
Lamb Library  
Library @ the Y  
Patrick A. Lucero Library  
Pueblo West Library  
Rawlings Library  
Tom L & Anna Marie  
Giodone Library

#### COMMUNITY SATELLITES

Avondale Elementary School  
Beulah School of Natural Sciences  
CSU Pueblo Library  
Pueblo Community College Library





**REVITALIZE** | **INFILL** | **STABILIZE** | **ENHANCE**

**The City's bold goal to redevelop 300 blighted properties over 5 years**

**Work Session: September 8, 2026**

# The Problem: Blight + Absentee Owner

- Owner Absenteeism:
  - Out of state
  - Deceased owners, no next of kin
- Many have been distressed for decades
- The “But for” argument: Without City intervention, these properties are not likely to be addressed

- 300 Blighted units in need of demolition or rehabilitation
- 70 Units identified for demolition
- 230 Units identified for rehabilitation
- 82 Units already classified as condemned

## WHY CITY INTERVENTION IS NECESSARY



- Rehabilitation/demolition costs exceed property value
- Market Viability
  - No natural market solution
  - Properties are “upside down”
  - Tax sale lien holders not acting
  - No bank to foreclose

# GOALS

## Reduce Blight

Complete a large-scale blight reduction project resulting in neighborhood stabilization in target areas

## Redevelop

Return properties to productive residential use through rehabilitation and residential infill

## Protect City Resources

Minimize General Fund impact and preserve future grant funding

# BLIGHT REMOVAL: SOLUTIONS EXPLORED

Why a larger capital tool is needed

---

## The Problem

- Annual CDBG awards are not enough to address the blight issue at scale
- General Fund has insufficient resources
- Need significant capital to fix years of neglect
- Use annual resources to keep up

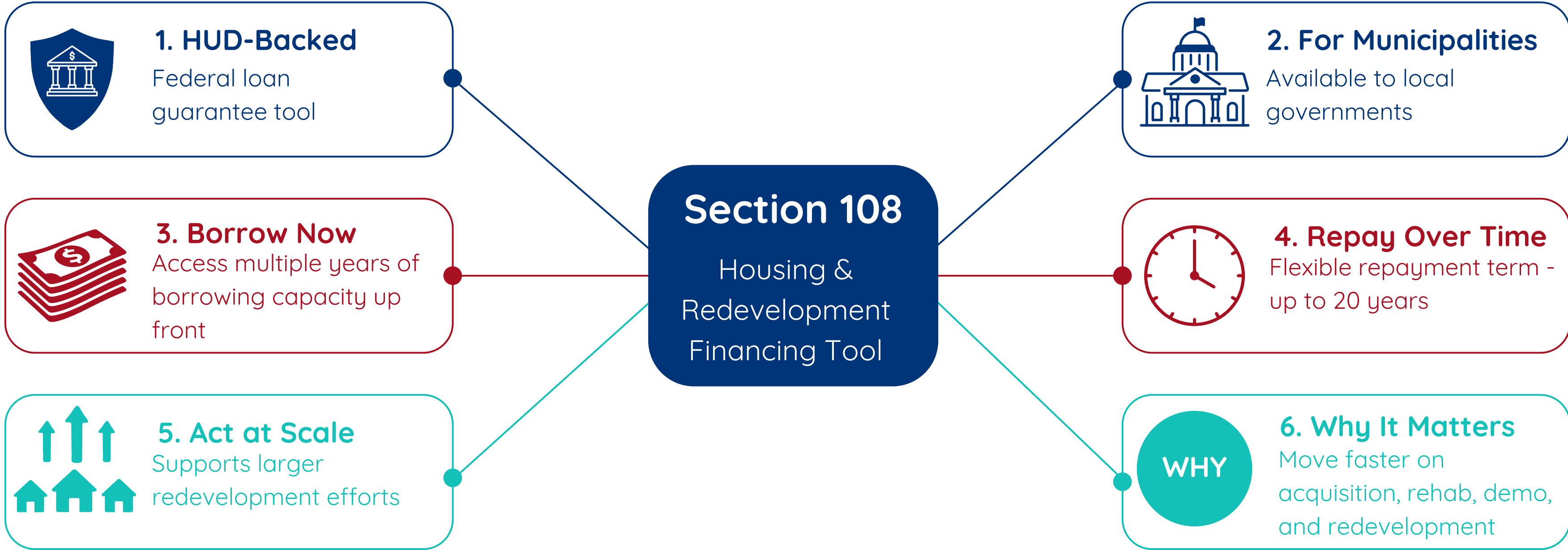
## Solutions Explored

- Prioritizing CDBG Funding
- Private Activity Bonds
- Certificate of Participation
- Detroit: Case Study

Conclusion: the City needs a tool that provides up-front capacity without overextending future resources.

# HUD SECTION 108 LOAN GUARANTEE PROGRAM

How it helps Pueblo act now and at scale



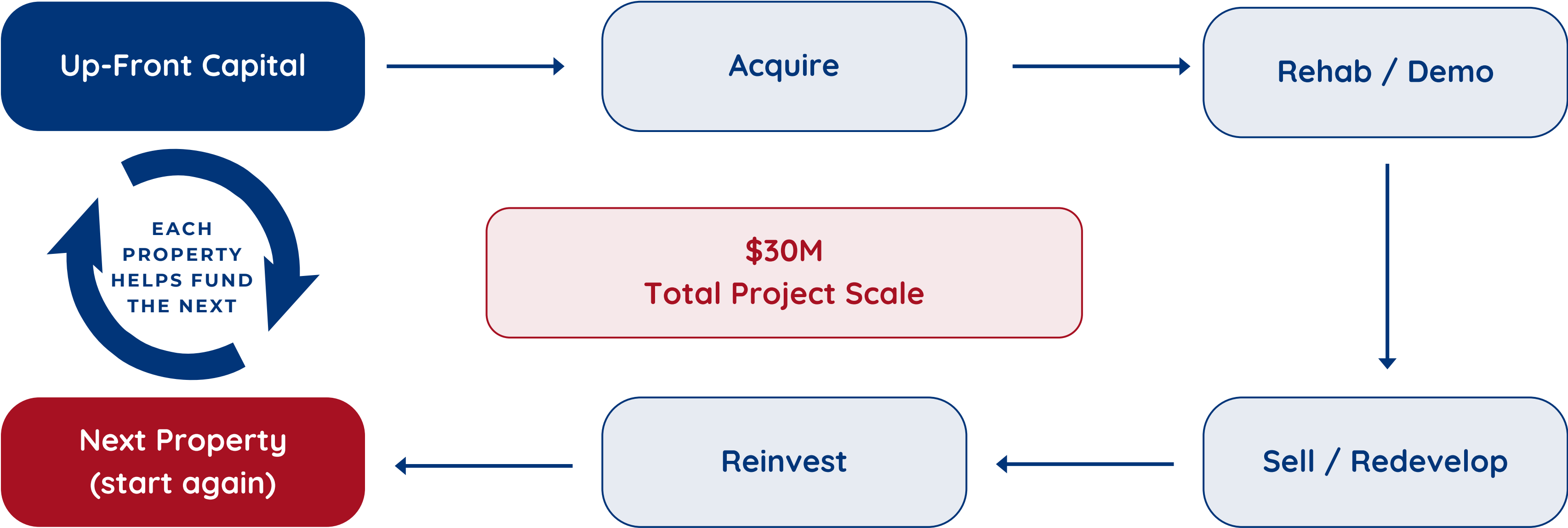
**Act Sooner**

**Do More Projects**

**Spread Cost Over Time**

# SIMPLE FUNDING LOGIC

Keep the public message focused on scale, reuse, and reinvestment



# INTAKE / ACQUISITION

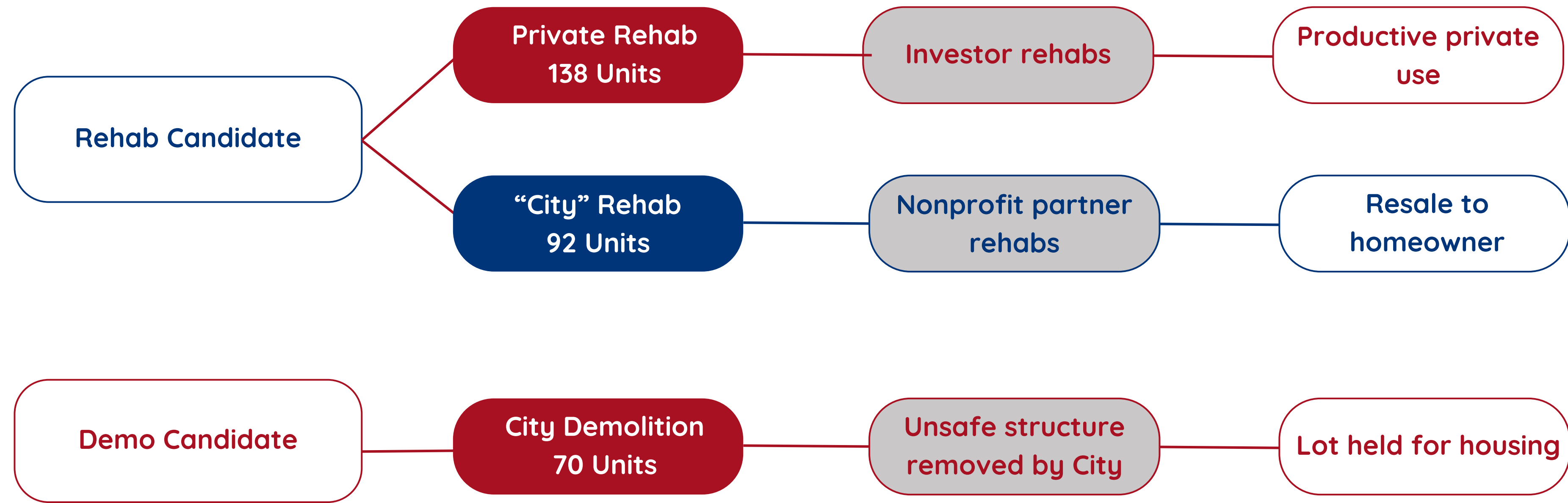
Three ways properties enter the program



For lien foreclosures: private buyers take feasible rehabs; the City focuses on properties the market will not fix

# PROJECT IMPLEMENTATION

The property follows one of three paths



# THE FINANCIAL MODEL

Section 108 / Program Income at a high level

\$7.2M

Max Outstanding  
Borrowed

\$30M

Total Project Cost

## How the Model Works

- Section 108 leverages future CDBG awards to access capital now
- City may borrow an estimated \$7.2M based on future award-year estimates
- Program activity is designed to repay and reinvest over time
- Future grant funds are preserved where possible
- Goal: minimize impact to the General Fund

The model supports action now, with repayment through program activity



# COUNCIL CONSIDERATIONS

## CDBG Commitment

- Future CDBG funding years will pay debt service
- Target < \$350,000 annually
- Protects remaining CDBG capacity for other priorities

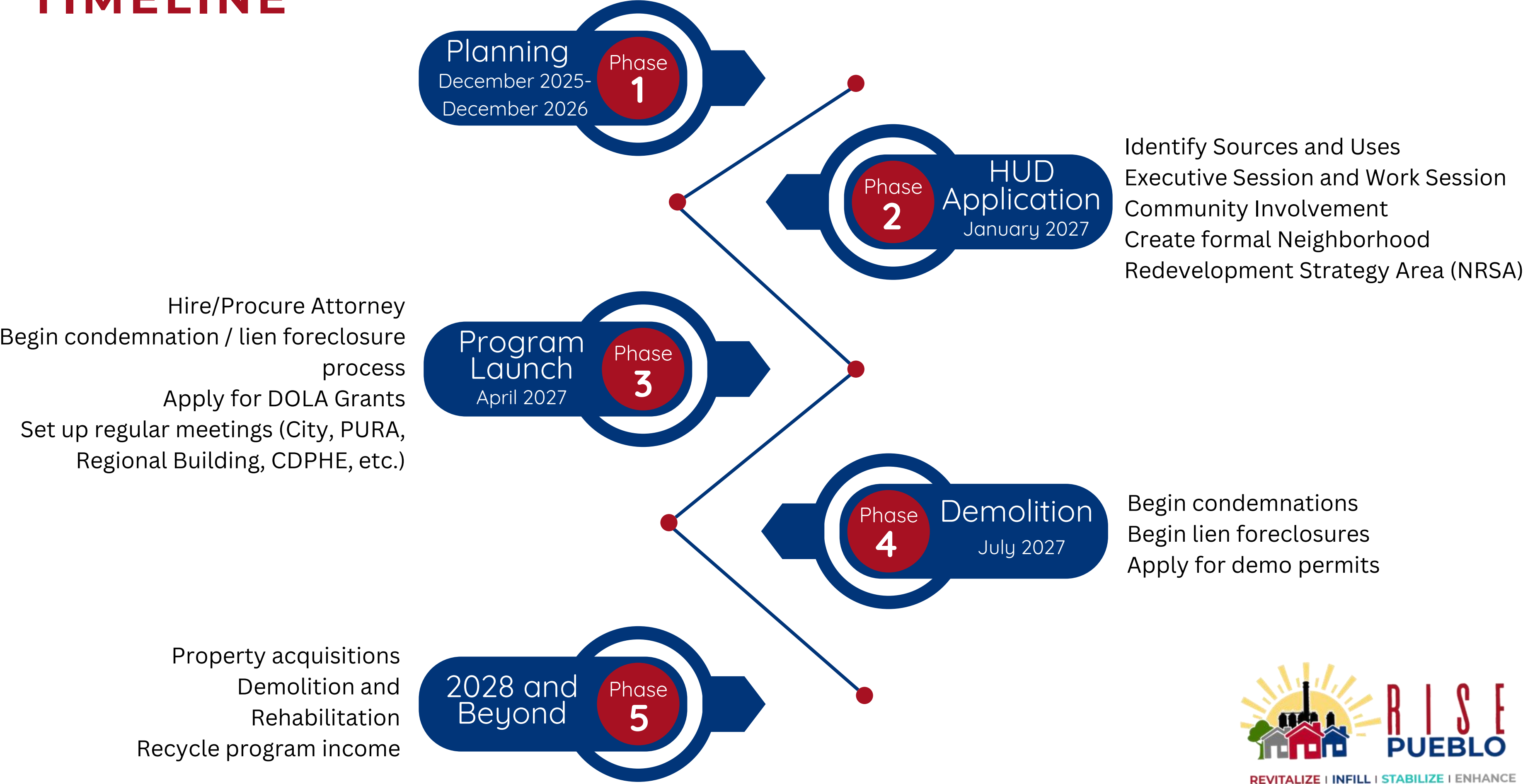
## Interest Rate

- Variable rate tied to the 3-month US Treasury Bill Auction Rate
- Treasury Rate + 0.35%
- Rate may increase or decrease over the loan term

## Loan Security

- Loan requires security / collateral
- Good faith & Credit / Council Resolution
- Physical collateral may also be used

# TIMELINE



## What RISE is

- A path forward to eliminate unaddressed residential blight
- A large capital injection to get Pueblo back on track
- A low-risk, high leverage opportunity to get up to 300 homes back in productive use

## What RISE is not

- The City intervening with active, responsive homeowners
- A way for investors to “offload” bad investments

## KEY TAKEAWAYS

- ✓ Reduce blight and redevelop properties to restore them to productive residential use
- ✓ Protect the General Fund
- ✓ Preserve future grant funding opportunities
- ✓ Address 300 properties over five years
- ✓ Create a sustainable model for addressing future blight



**RISE**  
**PUEBLO**

**REVITALIZE** | **INFILL** | **STABILIZE** | **ENHANCE**

**QUESTIONS?**

# 2026-2027 CATPA Grant/Ordinance

- CATPA Grant Ordinance – BATTLE Team (Beat Auto Theft Through Law Enforcement).
- Approves and accepts a grant funding agreement from the Colorado Auto Theft Prevention Authority (CATPA)
- Establishes Project No. PS2605; budgets and appropriates funds to Project No. PS2605
- Authorizes the Mayor to execute the agreement and related documents

# Summary of Grant and MOU

- City entered a three-year MOU with the statewide BATTLE Team
- MOU executed September 24, 2024; term July 1, 2024 – June 30, 2027
- Effective July 1, 2026, PPD awarded \$125,059 for overtime (auto theft investigations/enforcement)
- Grant Funding Agreement and Award Letter are attached to the ordinance
- Ordinance establishes Project No. PS2605 and budgets/appropriates funds there

# Background and Program Structure

- Pueblo and PPD have accepted Colorado auto theft grant funds each year since July 2009
- CATPA disburses funds among multiple Colorado law enforcement agencies
- An MOU formalizes relationships between participating agencies

# BATTLE Task Force Focus

- Prevent and reduce motor-vehicle thefts across jurisdictions
- Identify, investigate, and locate/recover stolen vehicles
- Apprehend and arrest suspects
- Use education and intelligence-led enforcement; share information among agencies
- Funds used per CATPA SFY27 award (project FY27PBLPD) to the Colorado State Patrol (BATTLE Team)

# BATTLE Team Performance & Impact

- 2025–2026 grant cycle results:
  - 165 stolen vehicles recovered (value \$1,487,903)
  - 163 arrests made
- Auto theft reductions in Pueblo (YTD):
  - Down 11% compared to 2019
  - Down 38% compared to 2025
- Recent significant arrest:
  - Suspect: seven-time felon & former Safe Streets wanted person
  - Found in stolen vehicle; fled on foot; arrested in nearby residence
  - An AK-47 left in the vehicle
  - DOJ may pursue federal charges
- The BATTLE Team makes a major, positive impact on auto theft in Pueblo

# Financial Implications

- Grant to PPD: \$125,059
- City match required: None
- Project: PS2605 created; funds budgeted and appropriated to PS2605
- Personnel Services – Overtime: \$125,059
- Supplies & Operating: \$0
- Total: \$125,059

# Previous Council Action

- Auto Theft Prevention Grants approved annually since July 2009
- On July 1, 2025, PPD awarded \$191,950 for overtime (auto theft enforcement)
- Acceptance approved by Ordinance No. 11018

# Consequences and Recommendation

- City Council may decline the grant funds. If declined, PPD cannot be reimbursed by CATPA for overtime costs for this program.
- Consequences of declining the grant funds include, but are not limited to, the following:
  - Reduced man hours available for auto theft enforcement (over 1,700 hours, 42.5 weeks of overtime, over the course of the grant cycle);
  - Reduced MVT arrests and stolen vehicle recoveries (163 arrests and 165 recoveries in last grant cycle, over \$1.4 million in value recovered);
  - Detective auto theft enforcement will be shifted to regular work week, which will cut down on time available to investigate other crimes (e.g., fraud, identity theft, burglaries, property damage, financial crimes, etc.); and
  - Financially disadvantaged population will be disproportionately affected, as older vehicles that are not garaged are more at risk of being stolen.
- The Pueblo PD recommends approval of the ordinance.

# ALPR Clause in MOU

- Current MOU contains the following clause on automated license plate readers: *Member agencies participating in the Beat Auto Theft Through Law Enforcement team (BATTLE) may choose to work with any ALPR vendor. If the ALPR vendor selected has a signed vendor hotlist agreement with the Colorado State Patrol (CSP), then CSP can send the hotlist to the ALPR vendor on the agency's behalf. ALPR vendors will not be able to obtain the hotlist from CBI absent a hotlist agreement with a law enforcement agency. Therefore, ALPR vendors that do not have a vendor hotlist agreement with CSP will require the member agency to facilitate that connection.*
- The only thing this clause does is spell out how hotlists are sent to ALPR vendors.
- This clause does not require the PPD to use ALPR, and PPD's acceptance of this grant is not dependent upon its use of ALPR.

# City Council Questions

To what extent has ALPR been used with the program to address the issue of car theft? Is it the only tool used in this work?

ALPR is used during BATTLE operations in two basic ways. First, as ALPR captures images of stolen vehicles on public roadways, BATTLE officers and detectives obtain those stored images and use them as a visual reference for manually looking for stolen vehicles. Second, as stolen vehicles pass by ALPRs, BATTLE officers and detectives are alerted and respond to those locations to narrow down their search areas.

For the 2024-2025 CATPA grant cycle, ALPRs contributed to the recovery of 40 stolen vehicles (24% of the 164 total vehicles recovered). For the 2025-2026 CATPA grant cycle, ALPRs contributed to the recovery of 48 stolen vehicles (29% of the 165 total vehicles recovered).

The other main tool used by the BATTLE officers and detectives is air support from Colorado State Patrol.

# City Council Questions

What might be the alternatives and how does ALPR use strengthen or weaken the ability to address car theft in our community?

Considering the specific function that ALPRs provide, there are no relevant alternatives to this technology. If we did not have ALPRs, we would go back to officers manually running license plates as they patrol, as time and manpower allow.

ALPRs strengthen our ability to address auto theft in our community by providing officers with real-time alerts as stolen vehicles are detected. Officers convene in the area and close in on the stolen vehicle. This ability reduces the window in which a stolen vehicle can be moved, hidden, parted out or sold.

# City Council Questions

## Please explain the process of the hot list agreement.

The ALPR clause in the BATTLE MOU simply allows the Colorado State Patrol to deliver the CJIS hotlists to Pueblo's ALPR vendors, bypassing the need for Pueblo to set up an information technology system to receive the hotlist from CBI and then transmit it to the Pueblo ALPR vendors.

For clarity, the ALPR clause was inserted into the BATTLE grant to ensure compliance with a February 2024 update in the FBI CJIS Security Policy. Prior to the FBI directive, many state CJIS offices were sending the NCIC and state hotlists directly to ALPR vendors. The CJIS policy change now requires all law enforcement agencies to enter an MOU with the CJIS office (CBI in Colorado) - then receive the CJIS hotlists (NCIC and CCIC) within the agency's IT system - then entering a separate MOU with the agency's ALPR vendors for transmitting and handling the CJIS hotlists. The CJIS policy, in effect, does not allow CBI to directly deliver the NCIC and CCIC hotlists to a private ALPR vendor. As the Colorado State Patrol has an MOU with CBI and the BATTLE agencies, using the CSP to track and record MOUs between the agencies and vendors, and then delivering the hotlists, is a means to streamline the CJIS requirements.

# City Council Questions

Who is our current vendor? What policy does our current vendor have in their policy for use and protection of information?

The Pueblo PD has five ALPR vendors: Genetec, Motorola, SoundThinking, Flock and Leonardo. ALPR data is owned by the Pueblo PD, and any sharing of data is controlled by PPD policy. Vendor policy is controlled by contract.

Does the vendor policy align with the most recent PD policy?

Vendor policy is controlled by contract.

# City Council Questions

Is there any data on total investigations launched under this program in respect to the number of 165 arrest?

2023-2024 grant cycle:

- 42 operations.
- 164 vehicles recovered.
- Estimated value of recoveries was \$2,277,946.00.
- 120 total arrests made.
- 86 of those arrested had warrants for their arrest.
- 44 individuals received new charges.
- 17 additional individuals had charges referred to the DA's office.
- 17 firearms were recovered.

2024-2025 grant cycle:

- 50 operations.
- 164 vehicles recovered.
- Estimated value of recoveries was \$1,449,207.00.
- 144 total arrests made.
- 91 of those arrested had warrants for their arrest.
- 80 individuals received new charges.
- 21 additional individuals had charges referred to the DA's office.
- 16 firearms were recovered.
- 13 vehicle recoveries involved the seizure of narcotics.

2025-2026 grant cycle:

- 53 operations.
- 165 vehicles recovered.
- Estimated value of recoveries was \$1,487,903.00.
- 163 total arrests made.
- 78 of those arrested had warrants for their arrest.
- 96 individuals received new charges.
- 20 additional individuals had charges referred to the DA's office.
- 15 firearms were recovered.
- 19 vehicle recoveries involved the seizure of narcotics.

# Questions?